National Resource Center on Homelessness and Mental Illness

Population Characteristics

May 2004

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Research and federal demonstration projects over the past decade have provided an increasingly solid understanding of the characteristics and needs of people who are homeless with serious mental illnesses, as well as effective ways to address them. This bibliography contains key books, articles and reports both historical and current.

For the most part, studies which aim primarily to determine the size of a particular community's homeless population have been excluded. Instead the bibliography is focused on studies an demonstrations with broader implications. These are divided into two sections: 1) those that describe the characteristics of people who are homeless; and 2) those that address service needs and the effectiveness of interventions designed to end homelessness, particularly among people who have serious mental illnesses.

Characteristics. People with serious mental illness are over-represented among the homeless population. While only four percent of the U.S. population has a serious mental illness, five to six times as many people who are homeless (20-25%) have serious mental illness. Although it is difficult to generalize about this heterogeneous population, people with serious mental illnesses who are homeless share a number of important characteristics.

- They have greater difficulty exiting homelessness that other people. They are homeless more often and for longer periods of time that other homeless subgroups. Many have been on the streets for years.

- At least half of people who are homeless with serious mental illnesses also have a co-occurring substance use disorder.

- They are generally in poorer health that other people who are homeless.

- Their symptoms are often active and untreated, making it extremely difficult for them to negotiate meeting basic needs for food, shelter and safety and causing stress to those who observe them.

- They are impoverished, and many are not receiving benefits for which they may be eligible.

- Racial and ethnic minorities, particularly African Americans, are overrepresented; and

- Most can be voluntarily engaged or re-engaged in treatment, housing and support services.

Interventions. Research has provided a substantial amount of information on what services and practices are effective in ending homelessness for people with serious mental illnesses. The key is to encourage the adoption of evidence-based practices for services, treatment, and prevention of homelessness; establish partnerships with Federal agencies, state and local governments, and public and private agencies to reduce barriers to services and increase resources and funding; and conduct research that addresses important gaps in knowledge. Specifically, research has found that:

- *Outreach*, whether in shelters or on the street, is effective. Given the opportunity, most people who are homeless with serious mental illnesses are willing to accept treatment and services voluntarily. Consistent outreach and the introduction of services at the client's pace are key to engaging people in treatment and case management services. A consistent, caring, personal relationship is required to engage people who are homeless in treatment.

- *Integrated mental health and substance abuse treatment* provided by multidisciplinary treatment teams can improve mental health, residential stability, and overall functioning in the community. Regular, assertive outreach, lower caseloads, and the multidisciplinary nature of services available on these teams are critical ingredients leading to positive treatment and housing outcomes.

- *Providing supportive services to people in housing* has proven effective in achieving residential stability, improving mental health, and reducing costs of homelessness to the community. Permanent supportive housing is preferred by many homeless people with serious mental illnesses. Many people who are homeless with serious mental illnesses can move directly from homelessness to housing is a critical time that needs intensive support and attention.

- *Prevention*. Homelessness among people with serious mental illness can be prevented. Discharge planning to help people leaving institutions to access housing, mental health, and other necessary community services can prevent homelessness during such transitions. Ideally, such planning begins upon entry into an institution, is ready to be implemented upon discharge, and involves consumer input. Providing short-term intensive support services immediately after discharge from hospitals, shelters or jails has proven effective in further preventing recurrent homelessness during the transition to other community providers.

Order #: 2302

Authors: Baker, S.G.

Title: **Gender, Ethnicity, and Homelessness: Accounting for Demographic Diversity on the Streets.**

Source: American Behavioral Scientist 37(4): 476-504, 1994. (Journal Article: 9 pages)

Abstract: This article examines demographic diversity among the homeless along two key dimensions: gender and ethnicity. Recent research has uncovered interesting contrasts in both the incidence of homelessness and the nature of the homeless experience for men and women, and for white and non-white populations. The author reviews these research findings and considers their implications regarding the understanding of homelessness and the development of effective social policy initiatives (author).

Order #: 6438

Authors: Baker, S.G.

Title: **Homelessness and the Latino Paradox.**

Source: In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 132-140, 1996. (Book Chapter: 9 pages)

Abstract: The author explains that although research shows an overrepresentation of racial and ethnic minorities in the homeless population, Latinos, of diverse national origins, tend to be underrepresented, in areas as diverse as Los Angeles, San Antonio, and New York. This chapter examines two competing explanations for this "Latino paradox." The first asserts that the difference in African American and Latino homelessness rates is not real--that it is a result of using flawed methods to assess the composition of the homeless population. The second accepts the validity of the discrepant rates that have been reported and asserts that differences in African American and Latino risk factors explain the paradox. The author reviews findings about race and ethnicity in studies of homeless populations; examines biases in homelessness studies that may result in African American oversampling and Latino under sampling; and examines evidence supporting the view that the risk factors associated with homelessness truly differ by race/ethnicity.

Available From: Greenwood Publishing Group, 88 Post Road West, Westport, CT 06881, (203) 226-3571, www.greenwood.com (ISBN: 0-89774-869-7, COST: $55).

Order #: 8657

Authors: Barr, W.

Title: **Characteristics of Severely Mentally Ill Patients In and Out of Contact with Community Mental Health Services.**

Source: Journal of Advanced Nursing 31(5): 1189-1198, 2000. (Journal Article: 10 pages)

Abstract: This article examines the differences between 253 community-based patients divided into those with mental health service contacts and those without. Differences in the demographic characteristics of both samples were assessed and more detailed comparisons were made with a sub-sample of 49 individuals. It was found that patients with a psychotic disorder were more likely than those with neurosis to be in contact with mental health services and patients with schizophrenia were significantly more likely to be on the active caseload of a community mental health service than those from other diagnostic groups. However, patients' levels of need, unmet need, and quality of life did not differ in relation to their service contact (author).

Order #: **7964**

Authors: Bassuk, E.L., Buckner, J.C., Perloff, J.N., Bassuk, S.S.

Title: **Prevalence of Mental Health and Substance Use Disorders Among Homeless and Low-Income Housed Mothers.**

Source: American Journal of Psychiatry 155(11): 1561-1564, 1998. (Journal Article: 4 pages)

Abstract: This article compares the prevalence of DSM-III-R disorders among homeless and low-income housed mothers with the prevalence of these disorders among all women in the National Comorbidity Survey. The authors used an unmatched case-control design for assessing 220 homeless and 216 housed mothers receiving public assistance. Homeless and housed mothers had similar rates of psychiatric and substance use disorders. Both groups had higher lifetime and current rates of major depression and substance abuse than did all women in the National Comorbidity Survey. Both groups also had high rates of posttraumatic stress disorder and two or more lifetime conditions. The authors conclude that programs and policies designed for low-income mothers must respond to the high prevalence of DSM-III-R disorders.

Order #: **5828**

Authors: Belcher, J.R.

Title: **Moving Into Homelessness After Psychiatric Hospitalization.**

Source: Journal of Social Service Research 14(3/4): 63-77, 1991. (Journal Article: 15 pages)

Abstract: The author describes a six-month follow-up study of 132 former patients of a state hospital. The study examines persons who become homeless and compares characteristics with the persons who do not become homeless. A quantitative and qualitative approach is used to document the process of homelessness that occurs after psychiatric hospitalization. A set of policy options seeking to respond to the special needs of homeless persons who have mental illnesses is presented (author).

Order #: **8239**

Authors: Better Homes Fund.

Title: **Homeless Children: America's New Outcasts.**

Source: Newton, MA: The Better Homes Fund, 1999. (Report: 64 pages)

Abstract: This report examines the current status of homeless children in the United States. The report details the impact homelessness can have on children and their families, and examines the prevalence of negative events in their lives. The report also examines the numbers of homeless children, which the author estimates at one million. The report focuses on the problems of homeless children with relation to health, school, and family. Recommendations and potential solutions are provided.

Available From: National Center on Family Homelessness, 181 Wells Avenue, Newton Centre, MA 02159 (617) 964-3834, www.familyhomelessness.org.

Order #: **7948**

Authors: Bhugra, D.

Title: **Young Homeless and Homeless Families: A Review.**

Source: In Bhugra, D. (ed.), Homelessness and Mental Health. New York, NY: Cambridge University Press, 41-58, 1996. (Book Chapter: 18 pages)

Abstract: This chapter reviews current knowledge of homeless children, adolescents, and families. The chapter examines the demographics, prevalence, and causes of homelessness in each group and discusses the impact that homelessness can have upon each of them. The author also discusses the implications for service provision.

Order #:   6868

Authors: Boesky, L.M., Toro, P.A., Bukowski, P.A.

Title: **Differences in Psychosocial Factors Among Older and Younger Homeless Adolescents Found in Youth Shelters.**

Source: In Smith, E.M., Ferrari, J.R. (eds.), Diversity Within the Homeless Population: Implications for Intervention. Binghamton, NY: The Haworth Press, 19-36, 1997. (Book Chapter: 18 pages)

Abstract: This chapter describes a study that attempted to: (1) document the characteristics of a large and representative sample of homeless adolescents by assessing many domains, including family environment, social network, psychopathology, and substance abuse; and (2) investigate age differences among homeless adolescents. The study included 122 adolescents between the ages of 12-17 who had spent the previous night at a shelter for homeless youth in the Detroit metropolitan area over a one-year period. Results found most homeless adolescents came from poor to working class backgrounds, and that non-whites, especially African Americans, appeared to be overrepresented in the adolescent homeless population. Also, age was found to be related to gender, with females tending to be younger than males, and older homeless adolescents being both more disturbed and more likely to have been forced to leave home. The authors discuss the implications of this study for research and intervention with homeless adolescents.

Order #:   7899

Authors: Burt, M.R.

Title: **Demographics and Geography: Estimating Needs.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 28 pages)

Abstract: This paper begins with a summary of the latest and most comprehensive data on important characteristics of homeless people. It looks at the demographics and the distribution of homeless people (at a single point in time) among communities of different types. It also examines how characteristics may differ depending on the locality where people are found, and factors that seem to make people vulnerable to homelessness. The final sections of the paper turn to the issue of what might be meant by "need." They discuss the variety of people who use information on needs among homeless people to make planning decisions, the types of decisions they make, and what types of information might help them the most. The paper concludes by reviewing several strategies for obtaining data at the state and local levels, and the advantages of each for the various decision makers (author).

Order #:   10877

Authors: Burt, M.R.

Title: **Homeless Families, Singles, and Others: Findings from the 1996 National Survey of Homeless Assista Providers and Clients.**

Source: Housing Policy Debate 12(4): 737-780, 2001. (Journal Article: 44 pages)

Abstract: The first question people typically ask about homelessness is, "How many people are homeless?" After that, questions usually turn to characteristics: "What are they like?" Basic demographic characteristics such as sex, age, family status, and race have always been of interest, in part because the homeless population appears to be very different from the general public and even from most poor people who are housed with respect to these characteristics are overinterpreted as representing the reasons for homelessness. But as various studies have documented, most demographic factors quickly disappear as proximate causes when other factors representing personal vulnerabilities into loss of housing, do not lie within individuals at all and are thus difficult to include in analyses based on individual data (authors).

Order #: **11842**

Authors: Burt, M.R.

Title: **What Will It Take To End Homelessness?**

Source: Washington, DC: The Urban Institute, 2001. (Brief: 6 pages)

Abstract: This brief provides a wide overview of homelessness, homeless services, and recommendations on what actions need to be taken to alleviate the problem, based on the Urban Institute Press book, "Helping America's Homeless: Emergency Shelter or Affordable Housing?" by Urban Institute researchers Martha Burt, Laudan Y. Aron, and Edgar Lee, with Jesse Valente. Both publications were funded mainly by the Melville Charitable Trust and the Fannie Mae Foundation. Statistics in this brief are based on the 1996 National Survey of Homeless Assistance Providers and Clients, conducted by the U.S. Census Bureau (1996). The authors also make comparisons with results from their 1987 study of homelessness.

Available From: The Urban Institute, 2100 M Street, NW, Washington, DC 20037, (877) 847-7377, www.urban.org/UploadedPDF/end_homelessness.pdf.

Order #: **8349**

Authors: Burt, M.R., Aron, L.Y., Douglas, T., Valente, J., Lee, E., Iwen, B.

Title: **Homelessness: Programs and the People They Serve.**

Source: Washington, DC: Interagency Council on the Homeless, 1999. (Report: 536 pages)

Abstract: This report is based on the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC). The survey was designed to provide updated information about the providers of homeless assistance and the characteristics of people who are homeless and who use services and is based on a statistical sample of 76 metropolitan and nonmetropolitan areas, including small cities and rural areas. Data for the survey were collected between October 1995 and November 1996. The survey was designed to provide up-to-date information about the providers of assistance to people who are homeless, the characteristics of those who use services that focus on people who are homeless, and how this population has changed in metropolitan areas since 1987. The analyses of the provider data examine factors such as geographic level, program type, and the types and levels of services delivered. It provides an important baseline and foundation for future assessments of the nature and extent of homelessness. It also provides a valuable overview that will improve understanding of the characteristics of homeless people who use services, the nature of homelessness, and how best to address it. (authors)

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-3691, www.huduser.org.

Order #: **8639**

Authors: Burt, M.R., Aron, L.Y., Douglas, T., Valente, J., Lee, E., Iwen, B.

Title: **Homelessness: Programs and the People They Serve. Highlight Report.**

Source: Washington, DC: Interagency Council on the Homeless, 1999. (Report: 12 pages)

Abstract: This report is based on the 1996 National Survey of Homeless Assistance Providers and Clients. The survey was designed to provide updated information about the providers of homeless assistance and the characteristics of homeless persons who use services and is based on a statistical sample of 76 metropolitan and nonmetropolitan areas, including small cities and rural areas. The analyses of the provider data examine factors such as geographic level, program type, and the types and levels of services delivered. It provides an important baseline and foundation for future assessments of the nature and extent of homelessness. It also provides a valuable overview that will improve understanding of the characteristics of homeless people who use services, the nature of homelessness, and how best to address it.

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org.

Order #: **8919**

Authors: Burt, M.R., Aron, L.Y., Lee, E., Valente, J.J.

Title: **Helping America's Homeless: Emergency Shelter or Affordable Housing?**

Source: Washington, DC: Urban Institute Press, 2001. (Book: 355 pages)

Abstract: This book, based largely on findings from the National Survey of Homeless Assistance Providers and Clients (NSHAPC), provides a wide overview of homelessness, homeless services, and recommendations on what actions need to be taken to alleviate the problem. Chapter topics include: how many people are homeless; homeless families, singles, and others; alcohol, drug, and mental health problems among those who are homeless; issues in child and youth homelessness; patterns of homeless; comparing homeless subgroups within community types; factors associated with homeless status; homeless programs in 1996 compared to programs in the late 1980s; and program structures and continuums of care.

Available From: The Urban Institute, 2100 M Street NW, Washington, DC 20037, (877) 847-7377, www.urban.org (ISBN 0-87766-701-2, COST: $29.50).

Order #: **10997**

Authors: Burt, M.R., Aron, L.Y., Lee, E., Valente, J.J.

Title: **How Many Homeless People Are There?**

Source: In Burt, M.R., Aron, L.Y., Lee, E., Valente, J.J. (authors) Helping America's Homeless: Emergency Shelter or Affordable Housing? Washington, DC: Urban Institute Press, 2001. (Book Chapter: 30 pages)

Abstract: This chapter addresses the specific issue of numbers when examining the overall topic of homelessness. The chapter provides a variety of estimates of the number of people who experience homelessness during periods of a day, a week, and a year. In addition, it raises important questions about how well research will ever be able to capture the true number of people who are homeless at any given time.

Available From: The Urban Institute Press, 2100 M Street, NW, Washington, DC 20037, (877) 847-7377, www.urban.org (ISBN 0-87766-701-2, COST: $29.50).

Order #: **8327**

Authors: Burt, M.R., Laudan, Y.A., Douglas, T., Valente, J., Lee, E., Iwen, B.

Title: **Homelessness: Programs and the People They Serve: Summary Report.**

Source: Washington, DC: Interagency Council on the Homeless, 1999. (Report: 111 pages)

Abstract: This report is based on the 1996 National Survey of Homeless Assistance Providers and Clients. The survey was designed to provide updated information about the providers of homeless assistance and the characteristics of homeless persons who use services and is based on a statistical sample of 76 metropolitan and nonmetropolitan areas, including small cities and rural areas. Data for the survey were collected between October 1995 and November 1996. The survey was designed to provide up-to-date information about the providers of assistance to homeless people, the characteristics of those who who use services that focus on homeless people, and how this population has changed in metropolitan areas since 1987. The analyses of the provider data examine factors such as geographic level, program type, and the types and levels of services delivered. It provides an important baseline and foundation for future assessments of the nature and extent of homelessness. It also provides a valuable overview that will improve understanding of the characteristics of homeless people who use services, the nature of homelessness, and how best to address it.

Available From: The Urban Institute, 2100 M Street NW, Washington, DC 20037, (877) 847-7377, www.urban.org (ID# 310291, COST: $15.50).

Order #:   **1763**

Authors: Calsyn, R.J. and Morse, G.A.

Title: **Predicting Psychiatric Symptoms Among Homeless People.**

Source: Community Mental Health Journal 28(5): 385-395, 1992. (Journal Article: 11 pages)

Abstract: This article describes a study that used multiple regression to predict psychiatric symptoms among homeless people. The authors found the following variables to be significant predictors of psychiatric symptoms: current life satisfaction, previous psychiatric hospitalization, the number of stressful life events, social support, problem drinking, and childhood unhappiness. The results are discussed in terms of their policy and practice implications, particularly the need for crisis intervention services and for dually-diagnosed clients (authors).

Order #:   **2754**

Authors: Calsyn, R.J., Roades, L.A.

Title: **Predictors of Past and Current Homelessness.**

Source: Journal of Community Psychology 22: 272-278, 1994. (Journal Article: 7 pages)

Abstract: In this study, the authors examined various predictors of past and current homeless episodes among a group of individuals currently residing in several shelters in St. Louis, Mo. The authors included current psychiatric functioning and prior psychiatric history in the data analysis hypothesizing that these factors would correlate positively with chronic homelessness. Other characteristics included were age, race, gender, and prior service in the military, as well as socio-economic factors such as education and employment. Findings indicated that lack of education did predict length of time spent homeless, however, income did not predict homelessness or length of time spent homeless. Prior psychiatric hospitalization did not predict the length of homeless episodes, nor did level of current psychiatric functioning. In fact, psychiatric pathology could explain only a small percentage of the variance of chronic homelessness (authors).

Order #:   **2285**

Authors: Caton, C.L.M., Shrout, P.E., Eagle, P.F., Opler, L.A., Felix, A., Dominguez, B.

Title: **Risk Factors for Homelessness Among Schizophrenic Men: A Case-Control Study.**

Source: American Journal of Public Health 84(2): 265-270, 1994. (Journal Article: 5 pages)

Abstract: This article reviews the findings of a case control study assessing risk factors for homelessness among 100 homeless men with schizophrenia, and 100 men with schizophrenia and no homeless history. The subjects were recruited from shelter, clinic, and inpatient psychiatric programs in Upper Manhattan. The results of the study indicate that the homeless subjects experienced greater disorganization in family settings from birth to 18 years of age, less adequate current family support and were less likely to be receiving long-term therapy. The authors also discuss these findings in relation to policy and programs for individuals with serious mental illnesses (authors).

Order #: **8827**

Authors: Cauce, A.M., Paradise, M., Ginzler, J.A., Embry, L., Morgan, C.J., Lohr, Y., Theofelis, J.

Title: **The Characteristics and Mental Health of Homeless Adolescents: Age and Gender Differences.**

Source: Journal of Emotional and Behavioral Disorders 8(4): 230-239, 2000. (Journal Article: 10 pages)

Abstract: This article examines the demographics, psychosocial characteristics, and mental health of homeless adolescents in Seattle, Washington. Youth participants (N=364) were drawn from three sites that attracted youth in a myriad of residential circumstances. Over two-thirds of the sample had mental health problems that met DSM-III-R criteria. Rates of disruptive behavior disorders varied by age and gender, with boys and younger adolescents most often fitting the criteria. The sample also had a higher prevalence of depressive disorders than the general population. A large number (10%) qualified for a diagnosis of schizophrenia. The authors conclude that generally homeless youth often come from disturbing and troubling childhood backgrounds and by adolescence frequently exhibit psychosocial and mental health problems.

Order #: **10475**

Authors: Cousineau, M.R.

Title: **Comparing Adults in Los Angeles County Who Have and Have Not Been Homeless.**

Source: Journal of Community Psychology 29(6): 693-701, 2001. (Journal Article: 9 pages)

Abstract: This study compares the formerly homeless with those who have not been homeless on several characteristics, based on a telephone survey of the general adulate population. The study was conducted in Los Angeles County. Researchers estimate how many and what percentage of adults (aged 18 or older) have been homeless in the past five years and the types of places people stayed while they were homeless. An estimated 370,000 adults have experienced homelessness within the past five years, over five percent of the adult population. A third were literally homeless (in a shelter, street, or car). Just over half stayed with a friend or relative while homeless. Nine percent had a mixed experience. Compared to those who were not homeless, the formerly homeless are disproportionately poor, African-American, not in the job market, on public assistance, and in poor health. There are few differences when comparing place of birth, citizenship status, or length of residence in Los Angeles County. Yet many homeless have been able to achieve some economic stability. Implications for the development of intervention and prevention programs are discussed (authors).

Order #: **9916**

Authors: Crane, M., Warnes, A.M.

Title: **Older People and Homelessness: Prevalence and Causes.**

Source: Geriatric Rehabilitation 16(4): 1-14, 2001. (Journal Article: 14 pages)

Abstract: This article examines the prevalence and causes of homelessness among older people. It reviews the histories of a sample of older people in Britain who slept on the streets and stayed in temporary hostels. Some had become homeless for the first time in old age, having been married and worked for many years. Others had spent most of their adult lives in hostels or on the streets. Different events and states triggered and contributed to homelessness at various stages of the life course. Although homelessness generally is associated with shortages of low-cost rented housing, unemployment, and poverty, personal and psychosocial factors had a dominant role as well (authors).

Order #: **7346**

Authors: Culhane, D., Hornburg, S. (eds.)

Title: **Understanding Homelessness: New Policy and Research Perspectives.**

Source: Washington, DC, Fannie Mae Foundation, 1997. (Book: 380 pages)

Abstract: This book serves as a forum for research that seeks to improve understanding of the nature of homelessness, its causes, and how to best address it. In three sections, this volume reviews the state of knowledge regarding counting and tracking the homeless population and reviews what is known about the many different causes of homelessness. The book also focuses on new research that suggests appropriate early intervention may prevent homelessness in many instances. The volume concludes with suggestions for next steps in research, programs, and legislation (authors).

Available From: Fannie Mae Foundation, 4000 Wisconsin Avenue, NW, Washington, DC 20016, 202-274-8000, www.fanniemae.org.

Order #: **7194**

Authors: Culhane, D.P., Avery, J.M., Hadley, T.R.

Title: **Prevalence of Treated Behavioral Disorders Among Adult Shelter Users: A Longitudinal Study.**

Source: American Journal of Orthopsychiatry 68(1): 63-72, 1998. (Journal Article: 10 pages)

Abstract: This article reports the results of a study of 27,638 homeless adults who used public shelters in Philadelphia over a three-year period, 1990-1992, and of their use of publicly reimbursed mental health and substance abuse services over a nine-year period, 1985-1993. The study was conducted using an automated registry of public-shelter users and the database for the tracking of publicly reimbursed mental health and substance abuse services. Of the homeless adults included in the study, 20.1% received treatment for a mental health disorder and 25.3% for a substance abuse disorder between 1985 and 1993. The authors believe the administrative database approach offers a cost-effective method for monitoring trends of the co-occurrence of homelessness and serious mental illness over time with large study populations. The authors also find that primary data collection is needed to determine the accuracy of the administrative data (authors).

Order #: **2288**

Authors: Culhane, D.P., Dejowski, E.F., Ibanex, J., Needham, E., Macchia, I.

Title: **Public Shelter Admission Rates in Philadelphia and New York City: The Implications of Turnover for Sheltered Population Counts.**

Source: Housing Policy Debate 5(2): 107-176, 1994. (Journal Article: 70 pages)

Abstract: The authors discuss a study which reports data from shelter utilization databases in Philadelphia and New York City that record the name, date of birth and Social Security number for all persons admitted to each city's public shelter system. The results indicate that more people have been registered by the Philadelphia and New York City shelter systems in the past five years than have even been enumerated on a single night in the United States. The findings are also clear in showing that homelessness disproportionately affects minorities, particularly African Americans, and children. The authors contend that the data reported in this study, and the databases from which they come, have the potential to bridge major gaps in our knowledge of the dynamic nature of homelessness. Three comment articles are included (authors).

Available From: Fannie Mae Foundation, 4000 Wisconsin Avenue NW, North Tower, Suite One, Washington, DC 20016, (202) 274-8000, www.fanniemaefoundation.org/programs/hpd/pdf/hpd_0502_culhane.pdf

Order #: **5995**

Authors: Culhane, D.P., Lee, C., Watcher, S.M.

Title: **Where the Homeless Come From: A Study of the Prior Address Distribution of Families Admitted to Public Shelters in New York City and Philadelphia.**

Source: Housing Policy Debate 7(2): 327-364, 1996. (Journal Article: 37 pages)

Abstract: This article describes a study which investigates hypotheses regarding the association of census tract variables with the risk for homelessness. Three dense clusters of homeless origins were found in Philadelphia and three in New York City, accounting for 67% and 61% of shelter admissions and revealing that homeless families' prior addresses are more highly concentrated than the poverty distribution in both cities. The rate of shelter admission is strongly and positively related to the concentration of poor, African-American, and female-headed households with young children in a neighborhood. Results show the rate of public-shelter admission was found to be associated with unemployment, crowded housing, poverty, restricted access to the labor market, rent burden, and poor neighborhood quality (authors).

Order #: **12523**

Authors: Culhane, D.P., Poulin, S.R., Hoyt, L.M., Metraux, S.

Title: **The Impact of Welfare Reform on Public Shelter Utilization in Philadelphia: A Time-Series Analysis.**

Source: Cityscape Journal of Policy Development and Research (6)2: 173-185, 2003. (Journal Article: 12 pages)

Abstract: The use of public shelters in Philadelphia was examined both before and after the implementation of Act 35, Pennsylvania's response to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Results indicate that family size and household head age increased after the implementation of Temporary Assistance for Needy Families, although not at consistent lags. A small negative effect on self-reported substance abuse and a small positive effect on the proportion of household heads with a disability were found, but at inconsistent lags. As is the case with most evaluations of welfare reform, it is difficult to separate the effects of welfare reform and Philadelphia's economy during the study period. To test the effect of Act 35's implementation while controlling for economic factors, a multivariate regression analysis of family shelter admissions was conducted along with variables for the unemployment rate and for the consumer price index for the cost of rental housing. This analysis revealed a significant positive effect of unemployment and housing costs on public shelter admissions among families and no effect of the implementation of welfare reform (authors).

Order #: **13164**

Authors: Culhane, J., Webb, D., Grim, S., Metraux, S., Culhane, D.

Title: **Prevalence of Child Welfare Services Involvement Among Homeless and Low-Income Mothers: A Five Year Birth Cohort Study.**

Source: Journal of Sociology and Social Welfare 30(3): 1-11, 2003. (Journal Article: 11 pages)

Abstract: This paper investigates the five-year prevalence of child welfare services involvement and foster care placement among a population-based cohort of births in a large U.S. city, by housing status of the mothers (mothers who have been homeless at least once, other low-income neighborhood residents, and all others), and by number of children. The authors state that children of mothers with at least one homeless episode have the greatest rate of involvement with child welfare services, followed by other low-income residents, and all others. According to the article, involvement rates increase with number of children for all housing categories, with rates highest among women with four or more births, particularly for those mothers who have been homeless at least once. Among families involved with child welfare services, the rate of placement in foster care is highest for children of women with at least one episode of homelessness, followed by other low-income mothers and all others. The authors also state that half of the birth cohort eventually involved with child welfare services was among the group of women who have ever used the shelter system, as were 60% of the cohort placed in foster care. Multivariate logistic regression analyses reveal that mothers with one or more homeless episodes and mothers living in low-income neighborhoods have significantly greater risk of child welfare service involvement, and foster care placement. The implications for further research, and for child welfare risk assessment and prevention are discussed. Specifically, the salience of housing instability/homelessness to risk of child welfare service involvement is highlighted (authors).

Order #: **7456**

Authors: Danseco, E.R., Holden, E.W.

Title: **Are There Different Types of Homeless Families? A Typology of Homeless Families Based on Cluster Analysis.**

Source: Family Relations 47(2): 159-165, 1998. (Journal Article: 7 pages)

Abstract: This article presents an analysis to identify different types of homeless families through an empirical method and to examine variations in children's outcomes among these types of homeless families. Cluster analysis was conducted using data from 180 families and 348 children participating in a comprehensive health care program for children in homeless families. Three empirically derived groups of homeless families were identified and differentiated by previous history of homelessness, parenting stress, and major life stressors. One group displayed higher rates of parenting stressors and major life concerns. Children in this group consistently exhibited greater behavior problems and showed a trend suggesting poorer cognitive, academic, and adaptive behavior outcomes than children in the other groups. The authors discuss the result within the context of developing better models to examine the effects of homelessness and poverty on children (authors).

Order #: **5825**

Authors: Dennis, D.

Title: **Characteristics and Needs of 'Street' Homeless Persons.**

Source: Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1990. (Resource Guide: 6 pages)

Abstract: This fact sheet offers useful statistics and findings on the characteristics of homeless persons living on the streets. 'Street' homelessness refers to homeless persons found in a wide range of settings, including those who sleep on heating grates, in doorways, abandoned buildings, and in public transportation centers. The author highlights several characteristics of this population, including the differences between shelter users and street persons. Statistics show that 29% of the street population have serious mental illnesses.

Order #: **1293**

Authors: Dennis, D.L., Levine, I.S., Osher, F.C.

Title: **The Physical and Mental Health Status of Homeless Adults.**

Source: Housing Policy Debate 2(3): 815-835, 1991. (Journal Article: 21 pages)

Abstract: This paper reviews recent research on the physical and mental health status of homeless single adults and briefly summarizes definitional, sampling, and measurement problems. It presents findings from research examining the physical health status of homeless adults; the data suggest that homelessness places people at greater risk for specific health problems and also complicates treatment. The authors then review findings on the mental health status of homeless adults from several methodologically rigorous studies that carefully define and measure mental illness among the homeless population. The final section discusses what is known about the short- and long-term service needs of the physically and mentally disabled homeless population (authors).

Order #: **2872**

Authors: DiBlasio, F.A., Belcher, J.R.

Title: **Gender Differences Among Homeless Persons: Special Services for Women.**

Source: American Journal of Orthopsychiatry 65(1): 131-137, 1995. (Journal Article: 7 pages)

Abstract: This article describes data from a survey of men and women in urban homeless shelters. Findings indicate that, while women were more likely than men to request a variety of services, most of the difference was accounted for by the subgroup of women accompanied by children. Homeless men and women without children exhibited few differences in the number of services they requested (authors).

Order #: **11640**

Authors: Draine, J., Salzer, M.S., Culhane, D.P., Hadley, T.R.

Title: **Role of Social Disadvantage in Crime, Joblessness, and Homelessness Among Persons with Serious Mental Illness**

Source: Psychiatric Services 53(5): 565-573, 2002. (Journal Article: 9 pages)

Abstract: In this article, the authors critically analyze the approach used in much of the psychiatric services literature to infer links between mental illness and social problems. They compare these studies with studies that have been more validly conceptualized to account for social context. With this broader perspective, the impact of mental illness on crime, unemployment, and homelessness appears to be much smaller than that implied by much of the psychiatric services literature. Poverty moderates the relationship between serious mental illness and social problems. Factors related to poverty include lack of education, problems with employment, substance abuse, and a low likelihood of prosocial attachments. This relationship is often complicated and is not amenable to simple explanations. Research and policy that take this complexity into account may lead to greater effectiveness in interventions for persons with serious mental illness (authors).

Order #: **1258**

Authors: Drake, R.E., Osher, F.C., Wallach, M.A.

Title: **Homelessness and Dual Diagnosis.**

Source: American Psychologist 46(11): 1149-1158, 1991. (Journal Article: 10 pages)

Abstract: People who are dually-diagnosed with severe mental illness and substance use disorders constitute 10% - 20% of homeless persons. In this article, recent research on the epidemiology, characteristics, and service needs of dually-diagnosed homeless persons is reviewed. Also, the range of approaches to providing social services, housing, and mental health and substance abuse treatment; system and legal issues; and problems with current research, as well as future research directions, are discussed.

Order #: **7957**

Authors: Dudbus, P., Buckner, J.

Title: **A Shelter is Not a Home: Homeless Urban Mothers and Their Young Children.**

Source: Zero to Three: 19(1): 18-24,1998. (Journal Article: 6 pages)

Abstract: This article reports on findings from a longitudinal study that was begun in 1992 by The Better Homes Fund and the University of Massachusetts Medical Center at Worcester. It was designed to (1) describe and compare characteristics of homeless and low-income housed women and their children; (2) identify risk and protective factors for family homelessness; (3) describe the natural course and consequences of homelessness and residential instability among low income families; and (4) examine the impact of homelessness and poverty on children. This article describes the design of the Worcester Family Research Project (WFRP), summarizes key findings, and considers the homeless shelter as a caregiving environment.

Available From: Zero to Three, P.O. Box 960, Herndon, VA 20172, (800) 899-4301, www.zerotothree.org (COST: $10).

Order #: **1350**

Authors: Federal Task Force on Homelessness and Severe Mental Illness.

Title: **Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Severe Mental Illnes**

Source: Washington, DC: Interagency Council on the Homeless, 1992. (Report: 91 pages)

Abstract: Representatives from all major federal departments whose policies and programs directly affect the homeless population with serious mental illnesses met over an 18-month period and issued this report to the Interagency Council on the Homeless. The authors present a plan of action that they believe reflects a vital first step toward ending homelessness among people with serious mental illness. The report: (1) outlines fundamental principles and the essential components of an integrated and comprehensive system of care for homeless people with serious mental illness; (2) identifies immediate action steps and more long-term systemic measures that federal departments can take to facilitate state and local efforts; (3) proposes new opportunities for states and communities to develop, test, and improve the organization, financing, and delivery of a wide range of essential services for homeless people with severe mental illnesses; and (4) recommends steps that state and local organizations can take to respond more appropriately to the needs of homeless people with serious mental illnesses.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **6331**

Authors: Fischer, P.J.

Title: **Alcohol, Drug Abuse and Mental Health Problems Among Homeless Persons: A Review of the Literature, 1980-1990: Executive Summary.**

Source: Rockville, MD: U.S. Department of Mental Health and Human Services, Alcohol, Drug Abuse, and Mental Health Administration, 1991. (Executive Summary: 36 pages)

Abstract: This review encompasses a wide range of literature concerning the homeless population. Three main sources of information provided material: 1) reports published in scientific journals, book chapters, conference proceedings, and monographs; 2) regional surveys conducted chiefly for legal consumption; and 3) papers presented at professional meetings. The review covers various aspects of homelessness: 1) historical context; 2) prevalence estimates of alcohol, other drug and mental disorders and issues related to estimating prevalence; 3) sociodemographic ad health characteristics of alcohol, drug and mental disorders; 4) comorbidity of alcohol, drug and mental disorders; and 5) application of prevalence estimates to projecting needs for services.

Order #:   **896**

Authors: Fischer, P.J.

Title: **Estimating the Prevalence of Alcohol, Drug and Mental Health Problems in the Contemporary Homeless Population: A Review of the Literature.**

Source: Contemporary Drug Problems 16(3): 333-389, 1989. (Journal Article: 57 pages)

Abstract: The author reviews epidemiologic findings reported since 1980 to obtain current estimates on the prevalence of alcohol, drug and mental health problems in the homeless population. A comparison of prevalence estimates by location of study, sampling size and composition, and method of assessment is presented. Although the masses of recent data are not truly comparable, there is evidence of large numbers of alcoholics, addicts, and people with mental illnesses among the "literally homeless," and data indicate that they are homeless longer and more often.

Order #:   **1246**

Authors: Fischer, P.J., Breakey, W.R.

Title: **The Epidemiology of Alcohol, Drug, and Mental Disorders Among Homeless Persons.**

Source: American Psychologist 46(11): 1115-1128, 1991. (Journal Article: 14 pages)

Abstract: This article describes recent research on the prevalence of alcohol, drug, and mental (ADM) disorders and the characteristics of homeless substance abusers and persons with mental illnesses. Methodological problems in homelessness research are reviewed, particularly in relation to definitions of homelessness and sampling- and case-ascertainment methods. Prevalence rates of ADM disorders are much higher in homeless groups than in the general population. As is true of homeless people in general, homeless substance abusers and mentally ill persons are characterized by extreme poverty; underutilization of public entitlements; isolation from family, friends, and other support networks; frequent contact with correctional agencies; and poor general health. Knowledge of these disadvantages should be used to advocate for better services to prevent homelessness and support homeless people (authors).

Order #:   **9344**

Authors: Fischer, P.J., Breakey, W.R.

Title: **The Epidemiology of Alcohol, Drug, and Mental Disorders Among Homeless Persons.**

Source: American Psychology 46: 1115-1128, November 1991. (Journal Article: 14 pages)

Abstract: This article describes recent research on the prevalence of alcohol, drug, and mental (ADM) disorders and the characteristics of homeless substance abusers and persons with mental illness. Methodological problems in homelessness research are reviewed, particularly in relation to definitions of homelessness and sampling- and case-ascertainment methods. Prevalence rates of ADM disorders are much higher in homeless groups than in the general population. As is true of homeless people in general, homeless substance abusers and mentally ill persons are characterized by extreme poverty; underutilization of public entitlements; isolation from family, friends, and other support networks; frequent contact with correctional agencies; and poor general health. Knowledge of these disadvantages should be used to advocate for better services to prevent homelessness and support homeless people.

Order #: **12540**

Authors: Fitzpatrick, K.M., La Gory, M.E., Ritchey, F.J.

Title: **Factors Associated with Health-Compromising Behavior Among the Homeless.**

Source: Journal of Health Care for the Poor and Underserved 14(1): 70-86, 2003. (Journal Article: 16 pages)

Abstract: This exploratory study examined a set of sociodemographic, risk, and protective factors associated with health-compromising behavior among the homeless. One hundred and sixty-one homeless adults living in a midsize, southern metropolitan area were surveyed. Information was collected using structured in-depth interviews that assessed residential and event histories, life circumstances, mental and physical health symptoms, and health-related risk behaviors (drug and alcohol use, risky sexual practices, sleeping outdoors, aggressive behavior, and weapon possession). Descriptive results showed differences in health-compromising behavior for ascribed characteristics such as age, race, and gender. Younger people, nonwhites, and men took more risks. Multivariate results indicated that while sociodemographic risk factors were important predictors of health-compromising behavior for people who are homeless, other variables, including childhood memories, victimization, and local nativism, were also significant. The implications of these findings are explored in the larger context of a social policy framework (authors).

Order #: **11724**

Authors: Folsom, D., Jeste, D.V.

Title: **Schizophrenia in Homeless Persons: A Systematic Review of the Literature.**

Source: Acta Psychiatrica Scandinavia 105(6): 404-413, 2002. (Journal Article: 10 pages)

Abstract: This article systematically reviews studies of prevalence of schizophrenia in people who are homeless. The authors found that study designs varied considerably. The rate of schizophrenia in people who are homeless ranged from 2 - 45%, among the eight different countries represented. In the ten methodologically superior studies, the prevalence range was 4-16%. In addition, rates were higher in younger persons, women and people who are chronically homeless. The article suggests that schizophrenia is more prevalent among those who are homeless than in the population at large, and future research should focus on better ways of meeting the mental health care needs of people who are homeless (authors).

Order #: **12527**

Authors: Gill, B., Meltzer, H., Hinds, K.

Title: **The Prevalence of Psychiatric Morbidity Among Homeless Adults.**

Source: International Review of Psychiatry 15: 134-140, 2003. (Journal Article: 6 pages)

Abstract: This bulletin presents some key findings about the prevalence of psychiatric morbidity among homeless adults identified in the OPCS surveys of psychiatric morbidity. It describes briefly the survey methods used, and how diagnoses of neuroses, psychoses, alcohol, and drug dependence were derived. The main aim is to describe differences in prevalence rates among the population defined as homeless (authors).

Order #: **11902**

Authors: Goering, P., Tolomiczenko, G., Sheldon, T., Boydell, K., Wasylenki, D.

Title: **Characteristics of Persons Who Are Homeless for the First Time.**

Source: Psychiatric Services 53(11): 1472-1474, 2002. (Journal Article: 3 pages)

Abstract: This article is based on a study done by The Pathways Into Homelessness project in Toronto, which interviewed adult users of homeless shelters to identify characteristics of individuals who are homeless for the first time. The authors state that there were more similarities than differences between those who were homeless for the first time and those who had been homeless previously. The prevalence of psychiatric and substance use disorders and the rate of previous hospitalization did not differ between people who were homeless for the first-time and those who had been homeless before (authors).

Order #:   **3455**

Authors: Goodman, L.A., Dutton, M.A., Harris, M.

Title: **Episodically Homeless Women with Serious Mental Illness: Prevalence of Physical and Sexual Assault**

Source: American Journal of Orthopsychiatry 65(4): 468-478, 1995. (Journal Article: 11 pages)

Abstract: This study assessed aspects of physical and sexual assault in the histories of 99 episodically homeless women with serious mental illnesses including: lifetime prevalence; severity, co-occurrence, and recency; and associations between levels of this victimization and specific characteristics of the women. Results indicate that the lifetime risk for violent victimization was so high (97%) as to amount to normative experiences for this population (authors).

Order #:   **2312**

Authors: Guarnaccia, V. and Henderson, J.J.

Title: **Self-Efficacy, Interpersonal Competence, and Social Desirability in Homeless People.**

Source: Journal of Community Psychology 21: 335-338, 1993. (Journal Article: 4 pages)

Abstract: This article presents the findings of a study of 180 homeless men and women concerning certain aspects of their self-perceptions including their perceived self-efficacy, interpersonal competence and inclination toward socially adept self-presentation. The objective was to determine how the physical and social circumstances of homelessness affected the ways in which homeless individuals think of themselves. The findings indicate that the respondents perceived themselves as being quite capable of meeting life's demands and as possessing considerable social competence (authors).

Order #:   **6600**

Authors: Haugland, G., Siegel, C., Hopper, K., Alexander, M.J.

Title: **Mental Illness Among Homeless Individuals in a Suburban County.**

Source: Psychiatric Services 48(4): 504-509, 1997. (Journal Article: 6 pages)

Abstract: This article compares the prevalence of mental illness and alcohol and drug abuse and the residential histories of homeless individuals identified as having a mental illness and individuals who are not so identified. Twenty-one percent of 201 persons studied in Westchester County, N.Y., were classified as having mental illness. Seventy-two percent had a diagnosis of drug abuse or dependence, and 51 percent had alcohol abuse or dependence. Persons with mental illness experienced homelessness over a significantly longer period, and spent almost twice as many weeks during the previous five years homeless. Institutional time, most of which consisted of time in jail or prison, was equivalent for both groups. The authors conclude that not only is residential instability heightened among shelter users with mental illness, but over time public institutions play a critical role in their accommodations. For some people who are homeless with mental illness, the circuit of shelters, rehabilitation programs, jails, and prisons may function as a makeshift alternative to inpatient care or supportive housing and may reinforce their marginalization (authors).

Order #: 2573

Authors: Herman, D.B., Struening, E.L., Barrow, S.M.

Title: **Self-Reported Needs for Help Among Homeless Men and Women.**

Source: Evaluation and Program Planning 17(3): 249-256, 1994. (Journal Article: 8 pages)

Abstract: This article discusses a study that investigated needs for services reported by a representative sample of 1,260 homeless men and women interviewed in New York City shelters. Findings indicated that respondents identified multiple needs. Needs related to meeting fundamental survival demands, such as housing, income and employment, were most frequently cited by both men and women. Gender differences in self-reported needs were found in nine areas. The areas in which men more frequently reported need than did women included: drinking and drug problems; learning how to handle money; getting veteran's benefits; problems with the police; finding a place to live; and getting along better with other people. Need for help with health and medical problems and learning self-protection skills were the only areas in which women reported significantly higher levels of need than did the men.

Order #: 2710

Authors: Herman, D.B., Susser, E.S. and Struening, E.L.

Title: **Childhood Out-of-Home Care and Current Depressive Symptoms Among Homeless Adults.**

Source: American Journal of Public Health 84(11): 1849-1851, 1994. (Journal Article: 3 pages)

Abstract: According to the authors, previous research indicates that adverse childhood experiences are associated with depression during adulthood under conditions of social stress. In this study, this relationship is examined in a large sample of homeless adults. Findings indicate that those homeless respondents with a history of out-of-home care (e.g., foster, group, or institutional care) during childhood were significantly more likely than those without such care to report current severe depressive symptoms. The finding supports the theory that certain developmental experiences are risk factors for subsequent depressive symptoms (authors).

Order #: 7863

Authors: Hewitt, C.

Title: **Estimating the Number of Homeless: Media Misrepresentation of an Urban Problem.**

Source: Journal of Urban Affairs 18(3): 431-447, 1996. (Journal Article: 17 pages)

Abstract: In the 1980s several estimates were made of the size of the homeless population nationwide. An examination of these estimates shows that claims by advocacy groups that two to three million persons were homeless on any night were unjustified. Instead, social scientific studies agree that the number is probably about 300,000-500,000. This discrepancy tests the ability of the media to distinguish between good social science and mere guesstimates. An examination of American magazines and newspapers found that, as a group, the media were more likely to cite high estimates than low estimates and this changed only slightly over time. The author states two factors seem to explain why journalists cannot distinguish between good and bad estimates: media bias and the process whereby information is gathered (author).

Order #: **12790**

Authors: Homeless Programs Branch, Center for Mental Health Services.

Title: **Profile: Homeless Families with Children.**

Source: Rockville, MD: Center for Mental Health Services, undated (Literature Review: 10 pages)

Abstract: This review of current literature strongly suggests that the number of homeless families with children is growing and that the risk factors, stressors, and needs of this homeless population are qualitatively different from single adult homeless populations and poor housed families, and warrant particular attention. This paper addresses topics related to family homelessness: population size, risk factors for homelessness, psychosocial factors, characteristics of homeless families, stress factors, interventions, and a comparison of homeless and poor housed families. Collectively, they describe the condition, experiences, and needs of homeless families (authors).

Order #: **7315**

Authors: Homes for the Homeless.

Title: **Homeless Families Today: Our Challenge Tomorrow. A Regional Perspective.**

Source: New York, NY: Homes for the Homeless and The Institute for Children and Poverty, 1998. (Report: 6 pages)

Abstract: Family homelessness continues to be one of the most misunderstood and inadequately addressed public policy issues in America today. In response, Columbia University and the Institute for Children and Poverty designed and implemented an extensive survey on the demographics of homeless families in the New York City region. Data on more than 140 variables was collected from 743 homeless heads-of-household during the spring of 1997. The parents who were interviewed resided in 14 emergency and transitional family shelters throughout New York City and northern New Jersey. This report summarizes the key findings of this research (authors).

Available From: Homes for the Homeless and The Institute for Children and Poverty, 36 Cooper Square, 6th Floor, New York, NY 10003 (212) 529-5252, www.homesforthehomeless.com/PDF/reports/HomelessFamiliesToday.pdf?Submit1=Free+Download.

Order #: **7753**

Authors: Homes for the Homeless.

Title: **Ten Cities: A Snapshot of Family Homelessness Across America, 1997-1998.**

Source: New York, NY: Homes for the Homeless and The Institute for Children and Poverty, 1998. (Book: 32 pages)

Abstract: Homes for the Homeless' Institute for Children and Poverty joined with more than 58 organizations from ten cities across the country to develop the first national snapshot of family homelessness in the United States. The study interviewed 777 homeless parents representing a total of 2,049 homeless children -- including 1,508 children in shelter, another 374 in alternate care, and another 168 over the age of 18. The typical homeless family in America consists of a single mother, about thirty years old, with two or three children averaging five years old, although less that a tenth of the homeless families surveyed fit this profile exactly. The report also examines local data and findings and examines the impact welfare reform could have on family homelessness.

Available From: Homes for the Homeless and The Institute for Children and Poverty, 36 Cooper Square, 6th Floor, New York, NY 10003, (212) 529-5252, www.homesforthehomeless.com (COST: $9.00).

Order #: **6436**

Authors: Hopper, K., Milburn, N.G.

Title: **Homelessness Among African Americans: A Historical and Contemporary Perspective.**

Source: In Baumohl, J. (ed). Homelessness In America, Phoenix, AZ: Oryx Press, 123-131, 1996. (Book Chapter: 9 pages)

Abstract: This chapter considers why African Americans are overrepresented in the American homeless population. The authors explain that on average African Americans accounted for 44% of the homeless population. Topics discussed include: the role of labor markets; changes in the African American extended family; housing; and the disputed role of culture.

Available From: Greenwood Publishing, 88 Post Road West, Westport CT 06881, (203) 226-3571, www.greenwood.com (ISBN: 0-89774-869-7, COST: $55.95).

Order #: **8653**

Authors: Institute for the Study of Homelessness and Poverty.

Title: **Who is Homeless in Los Angeles?**

Source: Los Angeles, CA: Institute for the Study of Homelessness and Poverty, 2000. (Report: 4 pages)

Abstract: This brief report provides information on the numbers and demographics of the homeless population in Los Angeles County. Up to 236,400 men, women, and children were homeless over the course of a year, and up to 84,000 people were homeless each night. Information is also provided concerning the location of the homeless population within Los Angeles County, their family status, employment and income, health, education, mental health, and the duration and number of homeless episodes.

Available From: Institute for the Study of Homelessness and Poverty at the Weingart Center, 566 South San Pedro Street, Los Angeles, California 90013, (213) 689-2280, http://weingart.org/institute/research/facts/pdf/JusttheFacts_LA_Homelessness.pdf.

Order #: **2404**

Authors: Interagency Council on the Homeless.

Title: **Priority: Home! The Federal Plan to Break the Cycle of Homelessness.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1994. (Report: 126 pages)

Abstract: In May of 1993 President Clinton signed an Executive Order directing the 17 federal agencies that make up the Interagency Council on the Homeless (ICH) to prepare "a single coordinated Federal Plan for breaking the cycle of existing homelessness and for preventing future homelessness." A product of that effort, this document describes the changing nature of homelessness in the United States, briefly reviews the characteristics of the homeless population, and goes on to sketch the causes and outline the scale of the problem. It then turns to a concise history of programs mounted to assist homeless individuals and families in the 1980s. It evaluates those efforts and makes recommendations for new policies and programs to end homelessness. The authors contend that the ultimate answer to homelessness is also the answer to poverty (authors).

Available From: U.S. Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410, (202) 708-1112, www.hud.gov.

Order #: 1616

Authors: Jahiel, R.I.

Title: **Homelessness: A Prevention-Oriented Approach.**

Source: Baltimore, MD: The Johns Hopkins University Press, 1992. (Book: 409 pages)

Abstract: The material in this book is organized into five parts. The first two parts focus on homeless people and the next two parts on the social environment. Part one, "Homeless People in Their Environment," summarizes current knowledge of homeless people. Part two, "Interventions Directed at Homeless People," draws on the knowledge of the homeless population gained in part one to assess services in relation to needs. Part three, "The Social Context of Homelessness," examines the social factors associated with the rise of homelessness. Part four is entitled "Interventions Directed at the Social Environment." Part five, "Methodology," assesses some critical methodological problems of studies of homelessness.

Order #: 5761

Authors: Johnson, A.K., McChesney, K.Y., Rocha, C.J., Butterfield, W.H.

Title: **Demographic Differences Between Sheltered Homeless Families and Housed Poor Families: Implicati for Policy and Practice.**

Source: Journal of Sociology and Social Welfare 22(4): 5-23, 1995. (Journal Article: 18 pages)

Abstract: This article describes a study that compares homeless families with a representative sample of low income family households in St. Louis city and county, to determine how they differ on key demographic variables. The research addresses methodological problems in prior research by comparing the findings of this study's random sample to the findings of four previous comparison studies. Findings from this study indicate that homeless families are significantly younger, never married, female-headed families of color. Housed and homeless families are not significantly different in the number of children or in the educational level of the head of household but housed families are larger and have greater income. The authors contend that this suggests the presence of another adult earner in poor, housed families. Policy and practice recommendations center on providing social and economic supports to homeless families to increase the number of supportive adults in the home (authors).

Order #: 3131

Authors: Kales, J.P., Barone, M.A., Bixler, E.O., Miljkovic, M.M., Kales, J.D.

Title: **Mental Illness and Substance Use Among Sheltered Homeless Persons in Lower-Density Population Areas.**

Source: Psychiatric Services 46(6): 592-595, 1995. (Journal Article: 4 pages)

Abstract: This study examines a sheltered homeless population in two counties of lower-density population, Dauphin and Cumberland, in central Pennsylvania, to assess the prevalence of mental illness and substance abuse. Findings indicate that although mental illness and substance abuse may be somewhat less prevalent among homeless persons in rural areas than in large urban areas, they are nevertheless significant problems (authors).

Order #: **11314**

Authors: Kessler, R., Berglund, P., Bruce, M., Koch, R., Laska, E., Leaf, P., Manderschied, R., Rosenheck, R., Walters, E., Wang, P.

Title: **The Prevalence and Correlates of Untreated Serious Mental Illness.**

Source: Health Services Research 36(6): 987-1007, 2001. (Journal Article: 11 pages)

Abstract: This study was developed to identify the number of people in the United States with untreated serious mental illness (SMI) and the reasons for their lack of treatment. The presence of SMI was related to the use of mental health services in the past 12 months. Of the 6.2 percent of respondents who had SMI in the year prior to interview, fewer than 40 percent received stable treatment. Young adults and those living in nonrural areas were more likely to have unmet needs for treatment. The majority of those who received no treatment felt that they did not have an emotional problem requiring treatment. Among those who did recognize this need, 52 percent reported situational barriers, 46 percent reported financial barriers, and 45 percent reported perceived lack of effectiveness as reasons for not seeking treatment. The most commonly reported reason both for failing to seek treatment (72 percent) and for treatment dropout (58 percent) was wanting to solve the problem on their own. The study concluded that although changes in the financing of services are important, they are unlikely by themselves to eradicate unmet need for treatment of SMI. Efforts to increase both self-recognition of need for treatment and the patient centeredness of care also are needed (authors).

Order #:   **7028**

Authors: Kuhn, R., Culhane, D.P.

Title: **Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Resu from the Analysis of Administrative Data.**

Source: American Journal of Community Psychology 26(2): 207-232, 1998. (Journal Article: 36 pages)

Abstract: This article tests a typology of homelessness using administrative data on public shelter use in New York City (1988-1995) and Philadelphia (1991-1995). Cluster analysis was used to produce three groups (transitionally, episodically, and chronically homeless) by number of shelter days and number of shelter episodes. The results showed that the transitionally homeless, who account for approximately 80% of shelter users in both cities, are younger, less likely to have mental health, substance abuse or medical problems, and to overrepresent whites relative to the other clusters. The episodically homeless, who account for 10% of shelter users, are also comparatively young, but are more likely to be non-white, and to have mental health, substance abuse and medical problems. The chronically homeless, who account for 10% of shelter users, tend to be older, non-white, and to have higher levels of mental health, substance abuse and medical problems. Despite their relatively small size, the chronically homeless consume half of the total shelter days. The authors conclude these results to suggest that program planning would benefit from application of this typology, possibly targeting the transitionally homeless with preventive and resettlement assistance, the episodically homeless with transitional housing and residential treatment, and the chronically homeless with supported housing and long-term care programs (authors).

Order #: **8677**

Authors: Kuno, E., Rothbard, A.B., Averyt, J., Culhane, D.

Title: **Homelessness Among Persons with Serious Mental Illness in an Enhanced Community-Based Mental Health System.**

Source: Psychiatric Services 51(8): 1012-1016, 2000. (Journal Article: 5 pages)

Abstract: This article examines homelessness and patterns of service use among seriously mentally ill persons in an area with a well-funded community-based mental health system. The sample consisted of 438 individuals referred between 1990 and 1992 to an extended acute care psychiatric hospital after a stay in a general hospital. Those experiencing an episode of homelessness were compared with those who were residentially stable. Data from a longitudinal integrated database of public mental health and medical services were used to test the mediating effect of outpatient mental health care on preventing homelessness. A homelessness rate of 24% was found among the 438 persons with serious mental illness. Those who experienced homelessness were more likely to be African American, receive general assistance, have a comorbid substance abuse problem, and they used significantly more inpatient psychiatric, emergency, and health care services. Forty to 50% of the homeless group received outpatient care during the year before and after their shelter episode. The number of persons who received intensive case management services increased after shelter admission. An enhanced community-based mental health system was not sufficient to prevent homelessness among high-risk persons with serious mental illness (authors).

Order #: **1444**

Authors: Lamb, H.R., Bachrach, L.L., Kass, F.I.

Title: **Treating the Homeless Mentally Ill: A Report of the Task Force on the Homeless Mentally Ill.**

Source: Washington, DC: American Psychiatric Association, 1992. (Book: 315 pages)

Abstract: This book represents a follow-up report to the recommendations in the 1984 American Psychiatric Association Task Force Report, The Homeless Mentally Ill. This book is divided into two sections. In the first section, The Context of Treatment, the authors set the stage for understanding the problems of the homeless mentally ill. This section includes an analytic review of the literature, a discussion of deinstitutionalization, a cross-cultural family perspective, a discussion of why clinicians distance themselves from the homeless mentally ill, and a discussion on training mental health professionals to treat the chronically mentally ill. In the second section, Treatment and Rehabilitation, the authors begin with a discussion of clinical work with the homeless mentally ill and go on to address the crucial issues of mobile outreach teams, therapeutic housing, the need-for-treatment standard in involuntary commitment, clinical case management, the need and treatment of dually-diagnosed patients, medical management, day treatment in a shelter, and rehabilitation (authors).

Available From: American Psychiatric Publishing, Inc., 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209, (800) 368-5777, www.appi.org (ISBN 0-89042-236-2, COST: $16.95).

Order #: **6854**

Authors: LaVesser, P.D., Smith, E. M., Bradford, S.

Title: **Characteristics of Homeless Women with Dependent Children: A Controlled Study.**

Source: In Smith, E.M., and Ferrari, J.R. (eds.), Diversity Within the Homeless Population: Implications for Intervention. Binghamton, NY: The Haworth Press, 1997. (Book Chapter: 16 pages)

Abstract: This chapter discusses a study that suggests that specific characteristics can aid in determining who among the poor become homeless. The authors identify specific demographic, childhood and family, marital, and mental health or substance abuse factors that distinguished a group of 300 homeless women in the St. Louis area from a randomly-selected sample of low-income housed women in St. Louis. The study found that having more children at an earlier age, dropping out of high school, scoring poorly on a standardized test of cognitive skills, having a diagnosis of PTSD, and using crack/cocaine are strongly associated with the risk of experiencing homelessness. The authors discuss how the results of this study compare with those of similar ones, and their implications for policy related intervention and potential prevention of family homelessness.

Population Characteristics
Section: Characteristics

Authors: Leda, C., Rosenheck, R., Gallup, P.

Title: **Mental Illness Among Homeless Female Veterans.**

Source: Hospital and Community Psychiatry 43(10): 1026-1028, 1992. (Journal Article: 3 pages)

Abstract: This study examined sociodemographic and psychiatric diagnostic data from 19,313 veterans seen in the Department of Veterans Affairs Homeless Chronically Mentally Ill (HCMI) Veterans Program from 1988 to 1991. The purpose of the study was to determine the proportion of women among homeless veterans, to compare the prevalence of psychiatric disorders and substance abuse problems among homeless female and male veterans, and to compare diagnostic distributions among homeless female veterans and nonveterans. Compared with homeless male veterans, female veterans were younger and less likely to be employed, a significantly larger proportion were diagnosed as having major psychiatric disorders, and a significantly smaller proportion had substance use diagnoses - but they were less likely than males to be dually-diagnosed (authors).

Authors: Lehman, A.F., Cordray, D.S.

Title: **Prevalence of Alcohol, Drug, and Mental Disorders Among the Homeless: One More Time.**

Source: Contemporary Drug Problems 20: 355-384, 1993. (Journal Article: 32 pages)

Abstract: In order to provide more refined estimates of the prevalence of alcohol, drug and mental health disorders (ADM) among homeless persons, meta-analytic techniques were applied to a selected set of previously issued studies. Severe Axis I disorders are less prevalent; ranging between .18 and .23. The prevalence of severe and persistent mental disorders falls within the same range (.19 to .23). The prevalence of any Axis I substance use disorders was estimated to between .45 and .55 among homeless persons in samples included in this review. The co-occurrence of mental health and substance use disorders (dual diagnosis) is estimated at a prevalence between .10 and .20 (authors).

Authors: Leslie, M.

Title: **Twelve Myths and Misconceptions about Homelessness.**

Source: Richmond, VA: United Way Services, 2003. (Fact Sheets: 14 pages)

Abstract: In this packet, the author dismisses thirteen myths regarding the demographics and characteristics of people who are homeless. Each page confronts an individual myth or misconception and provides statistical facts to override that myth. Mental illness, unemployment, substance abuse, and families are among the topics being questioned.

Available From: United Way Services, 224 East Broad Street, P.O. Box 12209, Richmond, VA 23241-0209, (804) 771-5820, www.homeward-richmond.com/pdf/myths.pdf.

Order #: **13157**

Authors: Lindamer, L., Bailey, A., Hawthorne, W., Folsom, D., Gilmer, T., Garcia, P., Hough, R., Jeste, D.

Title: **Gender Differences in Characteristics and Service Use of Public Mental Health Patients with Schizophrenia.**

Source: Psychiatric Services 54(10): 1407-1409, 2003. (Journal Article: 3 pages)

Abstract: This study examined gender differences in sociodemographic, clinical, and mental health service use variables among patients with schizophrenia in a public mental health care system. Data from 1999 to 2000 for 4,975 adult patients were analyzed. According to the authors, women were older and more likely to be married and to have Medicaid insurance and less likely to have a diagnosis of substance abuse than men. The authors also state that more women were living independently, whereas more men resided in assisted living facilities or were homeless. The article concludes that women were significantly more likely to have had a psychiatric hospitalization than men, which may be related to differential use of services by men and women with the worst level of functioning (authors).

Order #: **2743**

Authors: Link, B.G., Susser, E., Stueve, A., Phelan, J., Moore, R.E., Struening, E.

Title: **Lifetime and Five-Year Prevalence of Homelessness in the United States.**

Source: American Journal of Public Health 84(12): 1907-1912, 1994. (Journal Article: 6 pages)

Abstract: According to the authors, previous studies attempting to enumerate the homeless population in the United States providing point-prevalence estimates have been widely criticized on methodological grounds. This study reports lifetime and five-year prevalence estimates of the homeless population using a different methodological approach. Random-digit dialing was used to interview 1507 adults living in households in the 48 contiguous states. Findings indicated that lifetime and five-year prevalence of all types of homelessness combined were 14.0% (26 million people) and 4.6% (8.5 million people), respectively. The authors contend that the magnitude of homelessness is much greater than most previous attempts to enumerate the homeless population have suggested (authors).

Order #: **8686**

Authors: May, J.

Title: **Housing Histories and Homeless Careers: A Biographical Approach.**

Source: Housing Studies 15(4): 613-638, 2000. (Journal Article: 26 pages)

Abstract: This article argues for the adoption of a biographical approach in studies of homelessness and reports on the first complete set of accommodation biographies constructed with single homeless hostel users. It is shown that, rather than fitting a description of either the long-term or more recently homeless or following a progressive "drift" into homelessness, the majority of men interviewed had in fact experienced numerous homeless episodes in the past but with each of these episodes being of relatively limited duration and separated by much longer periods in (their own) accommodation. It is further shown that the housing careers of these men had been almost entirely of dominated by the use of poor quality and often insecure private rented bedsits and flats while almost all had been either long-term or permanently unemployed. With few additional "vulnerabilities" to help account for their frequent returns to homelessness, the author challenges the conventional model of single homelessness to explain these men's homeless careers in relation to their position of multiple structural disadvantages (author).

Order #: **13359**

Authors: McKay, J.R., Mclellen, T.A., Durell, J., Ruetch, C., Alterman, A.I.

Title: **Characteristics of Recipients of Supplemental Security Income Benefits for Drug Addicts and Alcoholi**

Source: Journal of Nervous and Mental Diseases 186(5): 290-298, 1998. (Journal Article: 9 pages)

Abstract: This study examined symptom severity and level of functioning in recipients of Supplemental Security Income (SSI) benefits for drug addicts and alcoholics (DA&A). Although substantial numbers of substance abusers received these benefits until the program was canceled in 1997, little information has been available on the characteristics of these individuals. Approximately 2500 SSI DA&A recipients were assessed at the point in which they were to be referred for treatment services. Results indicated that in addition to long histories of alcohol abuse and recent problems with employment, these DA&A recipients were characterized by high levels of medical and psychiatric problems. Problem severities in these latter two areas were found to be consistently high across several subgroupings of recipients, including those who reported no alcohol or drug use in the prior 30 days. These findings suggest that SSI DA&A recipients are often significantly impaired beyond their alcohol and drug use (authors).

Order #: **13321**

Authors: McLaughlin, T., Glasser, I., Maljanian, R.

Title: **Homelessness in Hartford 2002: A Combined Report on the Census of the Homeless of Hartford and th Hartford Homeless Health Survey.**

Source: Hartford, CT: Institute for Outcomes Research and Evaluation at Hartford Hospital, 2003. (Report: 115 pages)

Abstract: This report describes a comprehensive and collaborative study of homeless individuals and families in Hartford. The authors discuss their findings on topics including primary reasons for homelessness, the causes of homelessness, services needed, unmet service needs, and quality of life issues. This report also examines health care utilization and access, prevention issues, medical history and a profile of who is homeless in Hartford. The authors assert that the data collected supports service design and policy making that will help reduce or eliminate homelessness in Hartford. Recommendations are given concerning issues that pertain to the prevention of homelessness, interrupting the cycle of homelessness, and strengthening services for people experiencing homelessness (authors).

Available From: Hartford Hospital, The Institute for Outcomes Research & Evaluation, 80 Seymour Street, P.O. Box 5037, Hartford, CT 06102, (860) 545-3183, www.hchp.org/pdf/HomelessnessHartford2002.pdf.

Order #: **11614**

Authors: Metraux S., Culhane D., Raphael S., White M., Pearson C., Hirsch E., Ferrell P., Rice S., Ritter B., Cleghorn J.S..

Title: **Assessing Homeless Population Size Through the Use of Emergency and Transitional Shelter Service 1998: Results from the Analysis of Administrative Data from Nine U.S. Jurisdictions.**

Source: Public Health Reports 116(4):344-352, 2001. (Journal Article: 9 pages)

Abstract: This study reports findings from the first-ever systematic enumeration of homeless population size using data previously collected from administrative records of homeless services providers in nine jurisdictions over a one year period. It provides the basis for establishing an ongoing measure of the parameters of the homeless population and for tracking related trends on the use of homeless services over time. Each participating jurisdiction collected data through its homeless services management information systems for persons and families who use emergency shelter and transitional housing. The jurisdictions organized the data by a standardized reporting format. These data form the basis for reporting homeless population size, both in raw numbers and as adjusted for each jurisdiction's overall population size, as well as the rate of turnover and average annual length of stay in emergency shelters and transitional housing. Results are broken down for adults and families. The prevalence of homelessness varies greatly among the jurisdictions included in this study, and possible factors for this diversity are discussed (authors)

Authors: Metraux, S., Culhane, D.P.

Title: **Family Dynamics, Housing and Recurring Homelessness Among Women in New York City Homeless Shelters.**

Source: Journal of Family Issues 20(3): 371-396, 1999. (Journal Article: 26 pages)

Abstract: This article looks at two sets of women who stayed in New York City homeless shelters in 1992--one set as part of a family and the other set as individuals--and at factors associated with an increased risk of their experiencing repeat shelter stays. Descriptive statistics and event history analysis indicate that regardless of whether the women stay in shelters with their families or by themselves, various family dynamics are associated with particular vulnerability to subsequent shelter stays, especially when the women are part of "young" families, are in households with absent children , or disclose a history of domestic violence. Exits from a shelter stay to one's own housing, on the other hand, has the strongest association with avoiding repeat shelter stays. These results suggest that family dynamics and the availability of affordable housing are two important focuses for efforts to reduce the incidence of homelessness among women (authors).

Authors: Miles, H., Johnson, S., Amponsah-Afuwape, S., Finch, E., Leese, M., Thornicroft, G.

Title: **Characteristics of Subgroups of Individuals with Psychotic Illness and a Comorbid Substance Use Disorder.**

Source: Psychiatric Services 54(4): 554-560, 2003. (Journal Article: 7 pages)

Abstract: This study investigated whether subgroups defined by their main substances of misuse were heterogeneous. The primary hypothesis was that users of stimulants, such as cocaine or amphetamines, would be characterized by especially high rates of inpatient admission, violence, and self-harm. Case managers' ratings were used to identify individuals with serious mental illness and comorbid substance abuse or dependence who were being treated by 13 community mental health teams in South London. Standardized instruments were used to elicit sociodemographic, clinical, social, and service use data. A total of 233 cases of comorbid substance use disorder and psychotic illness were identified. No significant differences were found between subgroups in the use of inpatient services and lifetime history of self-harm, but there was a significant difference in lifetime history of violence, which was more frequent among stimulant users. The alcohol users were older and more likely to be white, but otherwise few differences between subgroups were suggested by exploratory analyses (authors).

Authors: Morris, J.M.

Title: **Affiliation, Gender, and Parental Status Among Homeless Persons.**

Source: The Journal of Social Psychology 138(2): 241-250, 1998. (Journal Article: 10 pages)

Abstract: The article examines the affiliation, defined as the connection to traditional social institutions such as family, loss of affiliation, and the associated effects on homeless individuals. A survey was conducted of 230 homeless adults in Florida. Women accompanied by dependent children, unaccompanied women, and unaccompanied men were compared regarding levels of affiliation and associations among affiliation, self-esteem, and locus of control. The women accompanied by children maintained more family contacts and had higher levels of self-esteem. For that group, locus of control was more external than for unaccompanied women or unaccompanied men. The author states that the results suggest that there is a cycle related to affiliation, gender, and parental status that creates vulnerability and increases the likelihood of homelessness (author).

Order #:   23

Authors: Morse, G.A., Calsyn, R.J.

Title: **Mental Health and Other Human Service Needs of Homeless People.**

Source: In Robertson, M. J., Greenblatt, M. (eds.), Homelessness: A National Perspective. New York, NY: Plenum Press, 1992. (Book Chapter: 34 pages)

Abstract: This chapter examines the wide discrepancy in current estimates of mental illness among the homeless population. The authors state that the primary reasons are disagreement about what constitutes psychiatric illness and sampling techniques that are non-random or too small to be representative. In their study of the St. Louis, Mo., homeless population, the authors employed a stratified random sampling procedure and gathered information on psychological distress, mental hospitalization, and needs expressed by subjects. They conclude that a significant number of homeless people have serious mental health problems, while a sizeable minority are not in need of mental health treatment. The authors argue that the priorities for most homeless persons are social resources and support rather than mental health treatment. They recommend the development of "homeless resource centers." The key staff of the centers would be "linkage specialists" who would serve as case managers, brokers of services, and case advocates, as well as provide emotional support and crisis counseling.

Order #: 10969

Authors: Narrow, W.E., Rae, D.S., Robins, L.N., Regier, D.A.

Title: **Revised Prevalence Estimates of Mental Disorders in the United States.**

Source: Archives of General Psychiatry 59(2): 115-123, 2002. (Journal Article: 9 pages)

Abstract: Current U.S. mental disorder prevalence estimates have limited usefulness for service planning and are often discrepant. Data on clinical significance from the National Institute of Mental Health Epidemiologic Catchment Area Program (ECA) and the National Comorbidity Survey (NCS) were used to produce revised estimates, for more accurate projections of treatment need and further explication of rate discrepancies. To ascertain the prevalence of clinically significant mental disorders in each survey, responses to questions on life interference from, telling a professional about, or using medication for symptoms were applied to cases meeting symptom criteria in the ECA (n=20861) and NCS (n=8098). A revised national prevalence estimate was made by selecting the lower estimate of the 2 surveys for each diagnostic category, accounting for comorbidity, and combining categories. Using data on clinical significance lowered the past-year prevalence rates of "any disorder" among 18 to 54-year-olds by 17% in the ECA and 32% in the NCS. For adults older than 18 years, the revised estimate for any disorder was 18.5%. Using the clinical significance criterion reduced disparities between estimates in the 2 surveys. Validity of the criterion was supported by associations with disabilities and suicidal behavior. Establishing the clinical significance of disorders in the community is crucial for estimating treatment need. More work should be done in defining and operationalizing clinical significance, and characterizing the utility of clinically significant symptoms in determining treatment need even when some criteria of the disorder are not met. Discrepancies in ECA and NCS results are largely due to methodological differences (authors).

Order #: 12081

Authors: National Coalition for the Homeless.

Title: **How Many People Experience Homelessness?**

Source: Washington, DC: National Coalition for the Homeless, 2002. (Fact Sheet: 4 pages)

Abstract: This fact sheet, by the National Coalition for the Homeless, discusses the definitions of homelessness, methodologies for counting people who are homeless, recent estimates of homelessness, and estimates of the increase in homelessness over the past two decades. Additional resources for further study are also provided (authors).

Available From: National Coalition for the Homeless, 1012 Fourteenth Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Order #: **13262**

Authors: National Coalition for the Homeless.

Title: **Mental Illness and Homelessness.**

Source: Washington, DC: National Coalition for the Homeless, 1999. (Fact Sheet: 4 pages)

Abstract: This fact sheet discusses the disproportionate number of people who are mentally ill among the homeless population. The authors discuss the effects of mental illness on daily life, and the contribution of those effects to homelessness. Policy issues surrounding people who are mentally ill are also discussed and a list of additional resources is given (authors).

Available From: National Coalition for the Homeless, 1012 Fourteenth Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Order #: **12082**

Authors: National Coalition for the Homeless.

Title: **Who is Homeless?**

Source: Washington, DC: National Coalition for the Homeless, 2002. (Fact Sheet: 5 pages)

Abstract: This fact sheet, by the National Coalition for the Homeless, reviews definitions of homelessness and describes the demographic characteristics of persons who experience homelessness. Age, gender, ethnicity and various other factors are discussed. A list of resources for further study is also provided (authors).

Available From: National Coalition for the Homeless, 1012 Fourteenth Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Order #: **12080**

Authors: National Coalition for the Homeless.

Title: **Why Are People Homeless?**

Source: Washington, DC: National Coalition for the Homeless, 2002. (Fact Sheet: 7 pages)

Abstract: This fact sheet by the National Coalition for the Homeless, discusses two trends largely responsible for the rise in homelessness over the past 20-25 years: a growing shortage of affordable rental housing and a simultaneous increase in poverty. This fact sheet is an overview of current poverty and housing statistics, as well as additional factors contributing to homelessness. A list of resources is also provided (authors).

Available From: National Coalition for the Homeless, 1012 Fourteenth Street, NW, #600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Order #: **11966**

Authors: National Resource Center on Homelessness and Mental Illness.

Title: **How Many People are Homeless? Why?**

Source: Delmar, NY: The National Resource Center on Homelessness and Mental Illness, 2003. (Fact Sheet: 2 pages)

Abstract: This fact sheet discusses the statistics on how many people are homeless in the United States, based on 1996 reports. Also discussed are both structural and individual risk factors for homelessness, and the relevant statistics for each.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **11963**

Authors: National Resource Center on Homelessness and Mental Illness.

Title: **What About the Needs of Children Who are Homeless?**

Source: Delmar, NY: The National Resource Center on Homelessness and Mental Illness, 2003. (Fact Sheet: 2 pages)

Abstract: This fact sheet discusses the statistics related to children within the homeless population. It also outlines the harmful effects of homelessness on children, which include emotional and behavioral problems, learning difficulties, and health issues.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **11967**

Authors: National Resource Center on Homelessness and Mental Illness.

Title: **Who is Homeless?**

Source: Delmar, NY: The National Resource Center on Homelessness and Mental Illness, 2004. (Fact Sheet: 2 pages)

Abstract: This fact sheet discusses the statistical break down of the homeless population into subgroups determined by race, health problems, location, and risk factors.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **11968**

Authors: National Resource Center on Homelessness and Mental Illness.

Title: **Why Are So Many People with Serious Mental Illnesses Homeless?**

Source: Delmar, NY: The National Resource Center on Homelessness and Mental Illness, 2003. (Fact Sheet: 2 pages)

Abstract: This fact sheet discusses the over-representation of people with mental illnesses among the homeless population. While only four percent of the U.S population has serious mental illness, five to six times as many people who are homeless have serious mental illness. Statistics are given regarding why the numbers are high, what we know about this population, and what can be done.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **6873**

Authors: North, C.S., Thompson, S.J., Pollio, D.E., Ricci, D.A., Smith, E.M.

Title: **A Diagnostic Comparison of Homeless and Nonhomeless Patients in an Urban Mental Health Clinic**

Source: Social Psychiatry and Psychiatric Epidemiology 32(4): 236-240, 1997. (Journal Article: 5 pages)

Abstract: This article describes a study that compared demographic and diagnostic characteristics of a sample of homeless outpatient mental health clinic attendees with a domiciled comparison group from the same clinic. The authors collected data on demographic variables and psychiatric diagnoses over a two-year period on a consecutive sample of 166 homeless and 117 nonhomeless clinic attenders. Data on homeless clinic attendees was also compared with data collected from 900 homeless individuals in the city. Results indicated that homeless men were significantly more likely than nonhomeless men to qualify for a diagnosis of alcohol use disorder, and homeless women were more likely than other women to qualify for a diagnosis of drug use disorder. Both homeless men and women were significantly more likely than their domiciled counterparts to meet the criteria for antisocial personality disorder. The authors concluded that because of the differences in diagnostic prevalence, homeless and nonhomeless individuals in mental health clinics need to be considered independently, and that clinicians treating homeless outpatients may benefit from having special facility in diagnosis and management of antisocial personality disorder and substance abuse, along with expertise in other psychiatric disorders common to this population (authors).

Order #: **8447**

Authors: Nunez, R., Fox, C.

Title: **A Snapshot of Family Homelessness Across America.**

Source: Political Science Quarterly 114(2): 289-307, 1999. (Journal Article: 19 pages)

Abstract: In response to the gap between research and public policy, this study was designed to take a national snapshot of family homelessness. Its goals were to describe the typical homeless family, to identify common trends in income, housing, education, and employment histories of homeless families across regions, and to establish a foundation for future longitudinal analysis of these trends as they are influenced by changing economic forces and social policy measures. Surveys were conducted with 777 homeless parents with 2,049 homeless children. Families were drawn from a total of 58 residential and supportive service facilities for homeless families in ten cities across the nation. The article provides the results of the surveys, describing parent demographics, housing, education, employment and income, children, and welfare.

Order #: **8773**

Authors: Odell, S.M., Commander, M.J.

Title: **Risk Factors for Homelessness Among People with Psychiatric Disorders.**

Source: Social Psychiatry and Psychiatric Epidemiology 35(9): 396-401, 2000. (Journal Article: 6 pages)

Abstract: This article identifies risk factors for homelessness among people with psychiatric disorders. A matched case-control study of homeless and never homeless people with psychotic disorders was carried out, with respondents recruited from mental health services. Data were collected by semi-structured interviews and from medical records. A number of social and behavioral risk factors were identified; key factors being loss of contact with childhood careers and substance use. Clinical and service use factors appeared less important as predictors of homelessness. The authors concluded that mental health services have a limited role in circumventing homelessness among people with psychotic disorders. An integrated approach involving other key agencies is required (authors).

Order #: **2645**

Authors: Opler, L.A., et al.

Title: **Symptom Profiles and Homelessness in Schizophrenia.**

Source: The Journal of Nervous and Mental Health 182(3): 174-178, 1994. (Journal Article: 5 pages)

Abstract: One hundred homeless men with schizophrenia and 100 nonhomeless men with schizophrenia were compared in terms of symptom ratings on the Positive and Negative Syndrome Scale (PANSS). The homeless group obtained significantly higher ratings on the PANSS positive and general psychopathology scale, but the two groups did not differ on the PANSS negative scale score. The authors contend that the severity of positive and general psychopathology symptoms, but not of negative symptoms, predicts homelessness in schizophrenia and that illicit substance abuse and neuroleptic noncompliance increases the probability of homelessness. According to the authors, the findings underscore the need to undertake prospective longitudinal studies to unravel the multifactorial etiology of homelessness in schizophrenia (authors).

Order #: **13205**

Authors: Owen, G., Heineman, J., Shelton, E., Decker Gerrard, M.

Title: **Homeless in Minnesota 2003: Key Facts From the Survey of Minnesotans Without Permanent Housing**

Source: St. Paul, MN: Wilder Research Center, 2004. (Report: 26 pages)

Abstract: This research, drawn from face-to-face interviews with more than 3,000 homeless adults and youth experiencing homelessness throughout Minnesota, describes some of the causes, effects, and circumstances surrounding homelessness. The interviews took place in nearly 250 places throughout Minnesota, including about 220 emergency shelters, transitional housing programs, and battered women's shelters, and also included people not currently in shelters. This statewide survey of people who are homeless or living in temporary housing programs has been conducted every three years since 1991 (authors).

Available From: Wilder Research Center, Suite 210, 1295 Bandana Boulevard North, St. Paul, MN 55108, (800) 328-2972, research@wilder.org, www.wilder.org/research/topics/homeless/HomelessMN2-04.pdf

Order #: **8237**

Authors: Phelan, J.C., Link, B.G.

Title: **Who Are "the Homeless"? Reconsidering the Stability and Composition of the Homeless Population.**

Source: American Journal of Public Health 89(9): 1334-1338, 1999. (Journal Article: 5 pages)

Abstract: This article assesses the extent to which the use of point-prevalence samples biases conclusions drawn about homeless people. Three data sets and published research were used to examine the degree to which conditions leading to point-prevalence bias (turnover in the homeless population, variability in the persistence of homelessness, and associations between personal characteristics and persistence) characterize the homeless population. Results were compared from point-prevalence studies concerning persistence of homelessness and characteristics of homeless people with those from a study of formerly homeless people. Conditions leading to point-prevalence bias strongly characterize the homeless population. Moreover, profiles of homeless people differed dramatically between point-prevalence studies and the study of formerly homeless people. In the former, the average duration of homelessness was longer, and samples included higher proportions of men, minorities, non-high school graduates, and people with histories of psychiatric hospitalization, incarceration, and detoxification. The authors conclude that reliance on point-prevalence samples, when such samples are generalized beyond the currently homeless population, leads to overestimation of the persistence of homelessness, the demographic distinctiveness of the homeless population, and the prevalence of personal disabilities and deviant lifestyles among homeless people (authors).

Order #: **6889**

Authors: Rahav, M., Link, B.

Title: **When Social Problems Converge: Homeless, Mentally Ill, Chemical Misusing Men in New York City.**

Source: The International Journal of the Addictions 30(8): 1019-1042, 1995. (Journal Article: 24 pages)

Abstract: This article describes a study that interviewed 518 homeless mentally ill chemical abusing men who sought community-based treatment in the New York City area in order to identify descriptive sociological characteristics of this population. Results indicated a high percentage of this population has severe psychiatric and substance use problems, as well as a pattern of fatherlessness and often motherlessness from an early age. The authors conclude that fatherlessness and social rootlessness are related to the homeless mentally ill chemical abusing syndrome.

Order #: **3163**

Authors: Rahav, M., Rivera, J.J., Nuttbrock, L., Ng-Mak, D., Sturz, E.L., Link, B.G., Struening, E.L., Pepper, B., Gross, B.

Title: **Characteristics and Treatment of Homeless, Mentally Ill, Chemical-Abusing Men.**

Source: Journal of Psychoactive Drugs 27(1): 93-103, 1995. (Journal Article: 11 pages)

Abstract: This study sought to identify the clinical, psychosocial, and substance abuse characteristics of homeless men with co-occurring mental health and substance use disorders and to evaluate two treatment modalities. The treatment settings consisted of one modified therapeutic community (TC) program and four modified community residence (CR) programs. Findings indicated that the participants childhood and family background revealed serious parental deprivations as well as a high prevalence of alcohol and other drug abuse, mental illness and criminal behavior among the parents. In terms of treatment, the TC program admitted their clients into treatment faster, tended to take more impaired clients and had a lower preadmission dropout rate than the CR programs did. However the CR programs had lower postadmission dropout rates and were able to retain clients longer (authors).

Order #: **12787**

Authors: Reardon, M.L., Burns, A.B., Preist. R., Sachs-Ericsson, N., Lang, A.R.

Title: **Alcohol Use and Other Psychiatric Disorders in the Formerly Homeless and Never Homeless: Prevalence, Age of Onset, Comorbidity, Temporal Sequencing, and Service Utilization.**

Source: Substance Use and Misuse 38(3-6): 601-644, 2003. (Journal Article: 43 pages)

Abstract: In this study interview survey data were collected on a large general population sample of adults subsequently classified as never homeless (NH) or formerly homeless (FH), with the latter group consisting of persons who had past experience of at least a one-month period with no regular place to live. The objective was to analyze differences, as a function of this classification, in the prevalence, age of onset, comorbidity, temporal sequencing, and service utilization pertinent to alcohol-use and other psychiatric disorders. Almost half of the FH group were found to have a one-year DSM diagnosis, nearly twice the rate seen in the NH group. Moreover, the prevalence of alcohol-use disorder (AUD) comorbid with one or more other psychiatric disorders was five times that reported by NH participants. Subsequent analyses addressed differences between the FH and NH groups within the subset who met criteria for one or more psychiatric diagnoses. Differences between the FH and the NH suggest the importance of devoting special attention to this unique sample (authors).

Order #: **10452**

Authors: Reynolds, L.

Title: **Street People: Case Histories of the Homeless.**

Source: Philadelphia, PA: Xlibris Corporation, 2001. (Book: 247 pages)

Abstract: This book contains the words of fifty-two homeless persons and eleven of their care providers. The homeless, ranging in age from nine to seventy-four speak about their family histories, the circumstances that led them to the street, how they survive, their likes and dislikes, and their relationship with God. The author was interested in getting to know the people she interviewed. What made them tick? What precipitated their moves to the street? What were the conditions in the homes from which they came? Were they abused by their parents? Was there substance abuse, either by them or their family of origin? How did they get by? And what were the best and worst parts of being on the street? She found, almost without exception, that both substance abuse and verbal, sexual, or physical abuse were present in the families of origin of the people featured in this book (author).

Population Characteristics
Section: Characteristics

Authors: Ringwalt, C.L., Greene, J.M., Robertson, M., McPheeters, M.

Title: **The Prevalence of Homelessness Among Adolescents in the United States.**

Source: American Journal of Public Health 88(9): 1325-1329, 1998. (Journal Article: 5 pages)

Abstract: This article reports on the 12-month prevalence of homeless episodes among adolescents in the United States. Personal, audiotaped interviews were conducted in 1992 and 1993 with a representative household sample of 6,496 adolescents aged 12 to 17 as part of the Youth Risk Behavior Survey. Respondents reported whether they had spent the night in any of a variety of locations other than home during the previous 12 months. Altogether, 7.6% of the youths questioned reported that they had spent at least one night in a youth or adult shelter (3.3%), a public place (2.2%), an abandoned building (1.0%), outside (2.0%), underground (0.4%), or with a stranger (1.1%). Boys were much more likely than girls to report having experienced a homeless episode. The study suggests that homelessness among adolescents is not simply an urban problem and that prevention programs targeting homeless youths should be implemented nationwide (authors).

Authors: Robertson, M.J.

Title: **The Prevalence of Mental Disorder Among the Homeless: A Review of the Empirical Literature.**

Source: In Jahiel, R. (ed.), Homelessness: A Prevention-Oriented Approach. Johns Hopkins Press. 1992. (Book Chapter: 39 pages)

Abstract: This is a review of empirical literature since 1975 which includes a discussion of the prevalence and distribution of mental disorder among contemporary homeless persons. The limitations of various mental health indicators are discussed as well as the variation in mental health indicators across sample sites, and by age, gender, race, and veteran status.

Authors: Robertson, M.J., Zlotnick, C., Westerfelt, A.

Title: **Homeless Adults: A Special Population in Public Alcohol Treatment Programs.**

Source: Contemporary Drug Problems 20(3): 499-519, 1993. (Journal Article: 20 pages)

Abstract: This article examines the differences between homeless and non-homeless clients in treatment. The authors compared the demographic, social, and economic characteristics of homeless clients and of other clients. The authors also examined the clinical profiles of both groups, including the severity of alcohol dependence and alcohol-related health problems, drug dependence, and mental health status. The article states that finding from this study show that people who are homeless are vastly overrepresented in the public alcohol treatment system, economic and social disadvantages of homeless clients were apparent, compared with others in alcohol treatment, and that homeless clients in this sample presented a more complex clinical picture than did others (authors).

Authors: Rog, D.J., McCombs-Thornton, K.L., Gilbert-Mongelli, A.M., Brito, M.C., Holupka, C.S.

Title: **Implementation of the Homeless Families Program: 2. Characteristics, Strengths, and Needs of Participant Families.**

Source: American Journal of Orthopsychiatry 65(4): 514-528, 1995. (Journal Article: 15 pages)

Abstract: The characteristics and needs of homeless families participating in a large-scale services-enriched housing program are examined. Although not a representative sample, participants constitute one of the largest subsets of homeless families in the literature. The sample, which encompasses nine states, is focused on families with multiple problems who have been recurrently homeless. The authors explore differing constellations of needs and implications for service delivery.

Order #:   **8063**

Authors: Roll, C.N., Toro, P.A., Ortola, G.L.

Title: **Characteristics and Experiences of Homeless Adults: A Comparison of Single Men, Single Women, and Women with Children.**

Source: Journal of Community Psychology 27(2): 189-198, 1999. (Journal Article: 10 pages)

Abstract: Based on a broad sample of 228 homeless adults from Buffalo, N.Y., single homeless women, homeless women with children, and single homeless men were compared on a wide range of measures with established reliability and validity. Based on total lifetime income from all sources, the poorest of the three groups was the women with children. The two groups of women reported greater psychological distress than the men, had more contact with family members, were more likely to have been recently assaulted, and were less likely to have a history of substance abuse or criminal behavior. The authors state the findings suggest the three groups have different needs and require different interventions (authors).

Order #:   **3118**

Authors: Roman, N.P., Woffe, P.B.

Title: **Web of Failure: The Relationship Between Foster Care and Homelessness.**

Source: Washington, DC: National Alliance to End Homelessness, 1995. (Report: 11 pages)

Abstract: The purpose of this report is to examine the relationship between foster care and homelessness and to determine if there is an overrepresentation of people with foster care histories in the homeless population. To examine these issues, the authors used four sources of information: 1) existing research on the connection between foster care and homelessness: 2) data collected from organizations that serve homeless people and that gather information on their clients' foster care history; 3) data obtained directly from a sample of homeless people; and 4) case studies of people who are or were homeless and who have a foster care history. The principle findings include: people with foster care histories are overrepresented in the homeless population; those with foster care histories are more likely to have their own children in foster care; and very frequently, homeless people had multiple placements as children (authors).

Available From: National Alliance to End Homelessness, 1518 K Street, NW, Suite 206, Washington, DC 20005, (202) 638-1526, www.endhomelessness.org.

Order #:   **7900**

Authors: Rosenheck, R., Bassuk, E., Salomon, A.

Title: **Special Populations of Homeless Americans.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 36 pages)

Abstract: Surveys conducted over the past two decades have demonstrated that homeless Americans are exceptionally diverse and include representatives from all segments of society -- the old and the young; men and women; single people and families; city dwellers and rural residents; white and people of color; and able-bodied workers and people with serious health problems. Veterans appear in substantial numbers among the homeless, as do former criminal offenders and illegal immigrants. Each of these groups experiences distinctive forms of adversity resulting from both societal structures and personal vulnerabilities, and has unique service delivery needs. Attention to the distinctive characteristics of subgroups of the homeless is important in facilitating service delivery and program planning, but may also diffuse attention away from shared fundamental needs, and generate unproductive policy debate about deserving vs. undeserving homeless people (authors).

Available From: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, 200 Independence Avenue, SW, Washington, DC 20201, http://aspe.hhs.gov/progsys/homeless/symposium/toc.htm

Order #: **6453**

Authors: Rosenheck, R., Lam, J.A.

Title: **Client and Site Characteristics as Barriers to Service Use by Homeless Persons With Serious Mental Illness.**

Source: Psychiatric Services 48(3): 387-390, 1997. (Journal Article: 4 pages)

Abstract: Clients entering the Access to Community Care and Effective Services and Supports (ACCESS) program for homeless individuals with mental illnesses in 18 communities identified barriers to service use. The most frequently identified barriers included: 1) not knowing where to go for a service; 2) not being able to afford the service; 3) experiencing too much confusion, hassle, or waiting to obtain a service; and (4) having been previously denied the service. Differences in the program site explained two to three times more of the variance in encountering barriers than did individual client characteristics.

Order #: **1117**

Authors: Rossi, P.H.

Title: **Down and Out in America: The Origins of Homelessness.**

Source: Chicago, IL: University of Chicago Press, 1989. (Directory: 247 pages)

Abstract: The author briefly reviews the history of homelessness in the United States, and discusses how today's homeless differ from the inhabitants of the pre-1960s Skid Row. He examines the problems encountered in gathering data on the size of the homeless and extremely poor segments of our population, and evaluates some of the resulting estimates. The book provides a demographic profile and data on the conditions of extremely poor and homeless people as found in contemporary studies of these two groups. The author examines why some extremely poor people become homeless and most do not, concentrating on the disabilities that make some of them vulnerable. He concludes with a synthesis of the findings of the previous chapters and provides recommendations to ameliorate the conditions of these groups and to lower their numbers.

Available From: University of Chicago Press, 1427 East Sixtieth Street, Chicago, IL 60637, (773) 702-7700, www.press.uchicago.edu/cgi-bin/hfs.cgi/00/3317.ctl (ISBN: 0226728293, COST: $22.50).

Order #: **495**

Authors: Roth, D., Toomey, B. and First, R.

Title: **Gender, Racial and Age Variations Among Homeless Persons.**

Source: In Robertson, M. and Greenblatt, M. (eds.), Homelessness: A National Perspective. New York, NY, Plenum Press. 1992. (Book Chapter: 13 pages)

Abstract: This chapter presents an analysis of data from an Ohio state-wide study in which interviews were conducted with 979 homeless persons. The study found significant differences between homeless men and women on the variables analyzed. Homeless women had more physical health problems, and a lower level of behavioral and drinking problems. The women tended to be younger and more likely to be homeless due to family conflict and dissolution than men.

Available From: Plenum Press, 233 Spring Street, New York, NY 10013, (212) 620-8000, www.wkap.nl.

Order #: **11258**

Authors: Rubin, W.V., Panzano, P.C.

Title: **Identifying Meaningful Subgroups of Adults with Severe Mental Illness.**

Source: Psychiatric Services 53(4): 452-457, 2002. (Journal Article: 6 pages)

Abstract: This article describes work conducted to identify, describe, and validate subgroups, or clusters, of adults with severe mental illness. The sequential process used in data-gathering produced generalizable, holistic descriptions of five core clusters of individuals with common strengths, problems, treatment histories, and life situations; older people in poor health who have psychiatric symptoms; individuals who have both psychiatric and substance use disorders; chronically mentally ill persons who have long treatment histories and severe disabilities; persons who appear to function well in the community but who are isolated as a result of anxiety, depression, or trauma-related social fears; and mental health consumers who function well in the community and who use personal and professional support systems to manage their mental health problems (authors).

Order #: **2539**

Authors: Schutt, R.K., Meschede, T., Rierdan, J.

Title: **Distress, Suicidal Thoughts, and Social Support Among Homeless Adults.**

Source: Journal of Health and Social Behavior 35: 134-142, June 1994. (Journal Article: 9 pages)

Abstract: In this article the authors examine the prevalence and correlates of distress and suicidal thinking among homeless people sampled from three Boston shelters. Findings indicate that levels of distress and suicidal thoughts are much higher among the homeless individuals studied than in the general population. Distress and suicidal thoughts are also associated with increased health problems, while homeless history and sociodemographic characteristics are less important indicators. According to the authors, perceived social support lessens distress and suicidal thoughts directly and also buffers homeless people from the distress associated with traumatic experiences. The authors conclude that distress among homeless individuals is explained by the same types of influences that account for distress among the general population, yet the gravity of homeless people's economic situation does not preclude sensitivity to the benefits of social support (authors).

Order #: **6435**

Authors: Shinn, M., Weitzman, B.C.

Title: **Homeless Families Are Different.**

Source: In Baumohl, J. (ed), Homelessness In America. Phoenix, AZ: Oryx Press, 109-122, 1996. (Book Chapter: 14 pages)

Abstract: In this chapter, the authors argue that parents in homeless families, while similar to parents in other poor families, are different from homeless adults who are not part of family units. The authors discuss how social policy shapes our understanding of homeless families; survey characteristics of homeless families in comparison to both poor housed families and homeless adults; examine how poverty and the shortage of low income housing can contribute to family homelessness; describe effects of homelessness on children who are part of families; and discuss policies to reduce homelessness and its adverse consequences for families. The authors contend that observers who conclude that single parenthood is the primary cause of homelessness among families ignore the fact that other poor families are at least as likely to be headed by single mothers.

Available From: Greenwood Publishing Group, 88 Post Road West, Box 5007, Westport, CT 06881, (203) 226-3571, www.greenwood.com (ISBN: 0-89774-869-7, COST: $55.95).

Order #:   **2195**

Authors: Shlay, A.B., Rossi, P.H.

Title: **Social Science Research and Contemporary Studies of Homelessness.**

Source: Annual Review of Sociology 18: 129-160, 1992. (Journal Article: 31 pages)

Abstract: This article reviews contemporary social science research on homelessness, which has been highly politicized. The author examines the issues facing research on contemporary homelessness. These issues include defining what is meant by homelessness, describing the characteristics and composition of the homeless population, assessing the macrostructural and microlevel causes of homelessness, counting people who are homeless, and evaluating public and private attempts to address problems of homelessness as well as attempts to prevent it (authors).

Order #:   **2217**

Authors: Smith, E.M., North, C.S., Spitznagel, E.L.

Title: **A Systematic Study of Mental Illness, Substance Abuse, and Treatment in 600 Homeless Men.**

Source: Annals of Clinical Psychiatry 4: 111-120, 1992. (Journal Article: 10 pages)

Abstract: This article presents a systematic study of 600 homeless men from both shelter and street environments in St. Louis, MO. The study's primary focus involved the incidence of mental illness and substance abuse among the subjects as well as their treatment histories. Although half of the subjects had received inpatient psychiatric care, the services were used primarily for substance abuse treatment. In addition, only half of those with a history of inpatient treatment had received any outpatient care. The authors contend that this suggests an underutilization of outpatient resources and an excessive reliance on hospitalization for substance abuse crisis management (authors).

Order #:   **2087**

Authors: Smith, E.M., North, C.S., Spitznagel, E.L.

Title: **Alcohol, Drugs, and Psychiatric Comorbidity Among Homeless Women: An Epidemiologic Study.**

Source: Journal of Clinical Psychiatry 54(3): 82-87, 1993. (Journal Article: 6 pages)

Abstract: This study focused on the psychiatric diagnosis and comorbidity of a sample of homeless women from St. Louis shelters. The article presents information on the sociodemographic characteristics, history of homelessness, lifetime and current prevalence rates for alcohol and drug abuse and major psychiatric disorders, comorbidity rates, and utilization of mental health services. Much of the data is compared with data on women in the Epidemiologic Catchment Area (ECA) study to illuminate potential differences in psychiatric morbidity of homeless women from that of general population women (authors).

Order #: **13025**

Authors: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Title: **Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Report: 123 pages)

Abstract: This Blueprint for Change is divided into eight chapters that comprise four sections: before you begin; plan for services; organize services; and sustain services. These sections reflect four action steps that states and communities can take to prevent or end homelessness among people with serious mental illnesses, including those with co-occurring substance use disorders. Each chapter presents current knowledge and specific strategies designed to carry out the action steps. Chapters include: Understand the Changing Context of Care and the Nation's Response; Learn About the Population; Establish Core Values; Establish a Comprehensive, Integrated System of Care; Finance a Comprehensive System of Care; Use Evidence-Based and Promising Practices; Measure Results; and Use Mainstream Resources to Serve People Who Are Homeless (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.nrchmi.samhsa.gov/pdfs/publications/Blueprint_2.pdf

Order #: **8778**

Authors: Sullivan, G., Burnam, A., Koegel, P.

Title: **Pathways to Homelessness Among the Mentally Ill.**

Source: Social Psychiatry and Psychiatric Epidemiology 35(10): 444-450, 2000. (Journal Article: 7 pages)

Abstract: This article elucidates the pathways to homelessness for persons with mental illness by comparing and contrasting groups of mentally ill homeless persons, non-mentally ill homeless persons, and housed mentally ill persons drawn from RAND's Course of Homelessness study and the Epidemiological Catchment Area survey. Homeless persons were found to share childhood histories of economic and social disadvantage. The mentally ill homeless appear to have a "double dose" of disadvantage: poverty with the addition of childhood family instability and violence. Among the mentally ill homeless, those who became homeless prior to becoming mentally ill have the highest levels of disadvantage and disruption, while those who become homeless after becoming ill have an especially high prevalence of alcohol dependence. Mental illness may play a role in initiating homelessness for some, but is unlikely in and of itself to be a sufficient risk factor for homelessness (authors).

Order #: **2692**

Authors: Susser, E., Lovell, A., Conover, S.

Title: **Unraveling the Causes of Homelessness and its Association with Mental Illnesses.**

Source: In Cooper, B., and Helgason, T. (eds.), Epidemiology and the Prevention of Mental Disorders. New York, NY: Routledge, 1989. (Book Chapter: 12 pages)

Abstract: In this chapter, the authors attempt to unravel the causes of homelessness and the association homelessness has with mental illness. The deinstitutionalization movement of the late 1960's is reviewed, as well as its impact on the increased visibility of homeless people with serious mental illnesses. The authors propose research strategies that incorporate an understanding of the broad social processes that contribute to homelessness among those with and without mental illnesses and that could ultimately lead to preventative measures.

Order #: **1382**

Authors: Susser, E.S., Lin, S.P., Conover, S.A.

Title: **Risk Factors for Homelessness Among Patients Admitted to a State Mental Hospital.**

Source: American Journal of Psychiatry 148(12): 1659-1664, 1991. (Journal Article: 6 pages)

Abstract: This study measured the overall prevalence of homelessness and tested possible risk factors for homelessness among 377 patients admitted to a New York State Mental hospital. The risk factors included male gender, age under 40 years, black race, urban residence, schizophrenia-related diagnosis, alcohol abuse, and drug abuse. Conclusions drawn by the authors indicate that the overall prevalence of homelessness in these patients was remarkably high. Several strong risk factors for homelessness in the general population had only a moderate effect or no effect on homelessness in this population. Risk factors for homelessness in psychiatric patients may be somewhat different from those in the general population (authors' abstract).

Order #: **1182**

Authors: Susser, E.S., Lin, S.P., Conover, S.A., Struening, E.L.

Title: **Childhood Antecedents of Homelessness in Psychiatric Patients.**

Source: American Journal of Psychiatry 148(8): 1026-1030, 1991. (Journal Article: 5 pages)

Abstract: This study examined the relationship between childhood experience and homelessness in psychiatric patients. Three samples of homeless patients were compared with a sample of patients who had never been homeless with respect to childhood experience of foster care, group home placement, and running away. One of the homeless samples and the never homeless sample were drawn from patients admitted to a state mental hospital. In the three homeless samples, over 15% had a history of foster care, over 10% had a history of group home placement, and over 20% had a history of running away. These figures compared with 2%, 1%, and 5%, respectively, in the never homeless sample. In the state hospital, the lifetime prevalence of homelessness in patients with any one of these childhood experiences was about threefold that of other patients (author).

Order #: **5746**

Authors: Takahashi, L.M., Wolch, J.R.

Title: **Differences in Health and Welfare Between Homeless and Homed Welfare Applicants in Los Angeles County.**

Source: Social Science and Medicine 38(10): 1401-1413, 1994. (Journal Article: 13 pages)

Abstract: Studies of homelessness have rarely addressed the differences between homed and homeless groups. Such differences may have significant impacts for subgroups of the homeless population, especially homeless people with serious mental illnesses. This article examines the characteristics of a sample of homed and homeless welfare applicants (N=372) in Los Angeles county based on a recent survey conducted by the Department of Public and Social Services. Results indicate that these two populations differ in terms of demographic characteristics, types of employment, and access to institutional and social support (authors).

Order #: 13251

Authors: Tam, T., Zlotnick, C., Robertson, M.

Title: **Longitudinal Perspective: Adverse Childhood Events, Substance Use, and Labor Force Participation Among Homeless Adults.**

Source: American Journal of Alcohol Drug Abuse 29(4): 829-846, 2003. (Journal Article: 17 pages)

Abstract: This article examines the long-term effects of adverse childhood events on adulthood substance use, social service utilization, and subsequent labor force participation. The authors discuss literature-based relationships between adverse childhood events and labor force participation, as well as mediating effects of adulthood substance use and service use. The article asserts that adverse childhood events were precursors to adulthood alcohol and drug use and that consistent substance use was negatively associated with long-term labor force participation and with social service utilization among homeless adults. The authors also state that adverse events at childhood were positively associated with service use. The authors conclude that adverse childhood events may contribute to negative adulthood consequences, including consistent substance use and reduced labor force participation. The authors suggest that agencies involved in halting the abuse or neglect should participate in more preventive interventions, and that job-related assistance is particularly important to facilitate employment and labor force participation among homeless adults (authors).

Order #: 11726

Authors: Tan, P.P., Ryan, E.

Title: **Homeless Hispanic and Non-Hispanic Adults on the Texas-Mexico Border.**

Source: Hispanic Journal of Behavioral Science 23(2): 239-249, 2001. (Journal Article: 11 pages)

Abstract: This article contrasts the demographics, familial relationships, vocational backgrounds, and personal experiences of homeless Hispanic adults with non-Hispanic adults living in the southwest border region of the United States. Using the point in time technique, data revealed that the Hispanic and non-Hispanic groups differed regarding their gender composition, language spoken, religious affiliation, educational experience, and domiciles. The article also discusses the differences between Hispanic and non-Hispanic groups' reasons for being homeless, what they considered the most important service provided by shelters, and what gave them hope during difficult times. This study provides an insight into the characteristics of people who are homeless living in the southwest border (authors).

Order #: 11612

Authors: Tessler, R., Rosenheck, R., Gamache, G.

Title: **Comparison of Homeless Veterans With Other Homeless Men in a Large Clinical Outreach Program.**

Source: Psychiatric Quarterly, 73(2):109-119, 2002. (Journal Article: 6 pages)

Abstract: This paper compares homeless veterans with homeless nonveterans from different eras in an effort to better understand the connection between military service and urban homelessness. Two research questions are addressed based on interviews with over 4,000 homeless men who enrolled in a national outreach program for persons suffering from serious mental illness: first, is there anything unique in the social and personal characteristics of homeless veterans in the 1990s that would help to explain their relatively high prevalence in the homeless population, especially among those who were 19 or younger when the draft ended in 1973? Second, aside from age, are the homeless veterans of the era of the All-Volunteer Force different from homeless veterans who served during the era of the military draft? The results replicate many findings from research in the 1980s showing that even homeless veterans with psychiatric disorders tend to have more personal resources compared to homeless men who did not serve in the Armed Forces. Although veterans from the era of the All-Volunteer Force are different from veterans from the era of the draft, the introduction of the All-Volunteer Force per se does not appear to have changed the composition of the adult male homeless population (authors).

Order #:   **1657**

Authors: Tessler, R.C., Dennis, D.L.

Title: **Mental Illness Among Homeless Adults: A Synthesis of Recent NIMH-Funded Research.**

Source: In Greenley, J.R., Leaf, P.H. (eds.), Research in Community and Mental Health. Greenwich, CT: JAI Press, Inc., 1992. (Book Chapter: 51 pages)

Abstract: Between 1982 and 1986, the National Institute of Mental Health (NIMH) awarded grants to 10 research groups to study the relationship between mental illness and homelessness. This chapter synthesizes the cumulative experience from eight of these studies in an effort to increase the accessibility of their findings and recommendations. The remainder of the chapter is organized around both methodological and substantive issues. The section on methodological considerations compares, contrasts, and critiques the methodologies of the eight studies. It covers operational definitions of the target population and approaches taken to sampling, measurement, and analysis. A following section summarizes the findings across studies. In spite of their many methodological differences and limitations, there are remarkable similarities among the results of the studies. A final section considers some future research directions and highlights the studies' implications for program development and social policy (authors).

Order #:   **3161**

Authors: Toro, P.A., Owens, B.J., Bellavia, C.W., Daeschler, C.V., Wall, D.D., Passero, J.M.

Title: **Distinguishing Homelessness From Poverty: A Comparative Study.**

Source: Journal of Consulting and Clinical Psychology 63(2): 280-289, 1995. (Journal Article: 10 pages)

Abstract: This study examines the distinguishing characteristics of homeless people as compared to nonhomeless people considered precariously housed and at risk for homelessness. Findings indicate that the homeless group were significantly less likely to be receiving public benefits, were more likely to have a diagnosis of substance abuse, showed higher levels of self-rated psychological distress and were more likely to be victims of recent domestic violence and to have been physically abused as children. The homeless group did not differ from the nonhomeless group in terms of diagnosis of a serious mental illness, physical health symptoms, and social support networks (authors).

Order #:   **1683**

Authors: Toro, P.A., Wall, D.D.

Title: **Research on Homeless Persons: Diagnostic Comparisons and Practice Implications.**

Source: Professional Psychology: Research and Practice 22(6): 479-488, 1991. (Journal Article: 10 pages)

Abstract: Homeless adults (N=76) were interviewed using three sampling methods over a full year. Contrary to stereotypes, most had regular contact with family. Although people sampled from shelters, a soup kitchen, or the streets showed some differences, no seasonal differences were observed. Comparing methods of mental health assessment, the structured diagnostic interview method and more stringent operationalizations yielded the lowest prevalence estimates (e.g., diagnoses for currently active and severe mental illness, such as schizophrenia and major affective disorder). History of psychiatric hospitalization and a symptom checklist demonstrated limited ability in distinguishing those who abused substances from those who were severely mentally ill. Comparison with a domiciled group, matched on demographic and socioeconomic factors, suggests that existing research has provided an inflated picture of the pathology of homeless persons (authors).

Order #:   **7200**

Authors: Unger, J.B., Kipke, M.D., Simon, T.R., Montgomery, S.B., Johnson, C.J.

Title: **Homeless Youths and Young Adults in Los Angeles: Prevalence of Mental Health Problems and the Relationship Between Mental Health and Substance Abuse Disorders.**

Source: American Journal of Community Psychology 25(3): 371-394, 1997. (Journal Article: 24 pages)

Abstract: This study measured symptoms of depression, low self-esteem, attention deficit-hyperactivity disorder, suicidality, self-injurious behavior, and drug and alcohol use disorders in a sample of 432 homeless youth and young adults, aged 12-23 years, living in Hollywood. Results indicated extremely high prevalence of mental health problems as compared with corresponding rates of mental health problems found among housed youths in previous studies. Prevalence of mental health problems differed by age and ethnicity. According to the authors, extremely high rates of mental health problems and substance abuse disorders in this sample suggest the need for street-based and non-traditional mental health services targeted toward these youths and young adults (authors).

Order #:   **11864**

Authors: United States Conference of Mayors.

Title: **A Status Report on Hunger and Homelessness in America's Cities 2002.**

Source: Washington, DC: The United States Conference of Mayors, 2002. (Report: 141 pages)

Abstract: This survey found that as housing costs continued to rise faster than incomes and the national economy remained weak, requests for emergency food assistance increased an average of 19 percent over the past year. The survey also found that requests for emergency shelter assistance grew an average of 19 percent in the 18 cities that reported an increase, the steepest rise in a decade. The report also announced a call to action to the Administration, Congress, state and local governments, the private and non-profit sectors, and all Americans to do their part to address growing hunger and homelessness. Specifically, to immediately consider and build upon the President's request for aid to the homeless, as part of a comprehensive effort to end homelessness within ten years; to enact a national housing agenda, based on the recommendations mayors submitted earlier this year, which would put tens of thousands of Americans to work; to streamline federal anti-hunger programs and provide additional outreach resources; and to donate time, money, and excess food to help combat hunger and homelessness.

Available From: United States Conference of Mayors, 1620 I Street NW, Washington, DC, 20006, www.usmayors.org/uscm/hungersurvey/2002/onlinereport/HungerAndHomelessReport2002.pdf

Order #:   **13054**

Authors: United States Conference of Mayors.

Title: **Hunger and Homelessness Survey: A Status Report on Hunger and Homelessness in America's Cities 2003.**

Source: Washington, DC: United States Conference of Mayors, 2003. (Report: 115 pages)

Abstract: In this report the authors assess the status of hunger and homelessness in America's cities. The U.S. Conference of Mayors surveyed 30 major cities whose mayors were members of its Task Force on Hunger and Homelessness. The survey sought information and estimates from each city on the demand for emergency food assistance and emergency shelter and the capacity of local agencies to meet that demand; the causes of hunger and homelessness and the demographics of the populations experiencing these problems; exemplary programs or efforts in the cities to respond to hunger and homelessness; the availability of affordable housing for low income people; and the outlook for the future and the impact of the economy on hunger and homelessness (authors).

Available From: United States Conference of Mayors, 1620 Eye Street, NW, Washington, DC 20006, (202) 293-7330, www.usmayors.org/uscm/home.asp

Order #: **6919**

Authors: Vostanis, P., Grattan, E., Cumella, S., Winchester, C.

Title: **Psychosocial Functioning of Homeless Children.**

Source: Journal of the American Academy of Child and Adolescent Psychiatry 36(7): 881-889, 1997. (Journal Article: 9 pages)

Abstract: The objective of this study was to investigate the psychosocial characteristics of homeless children and their parents. Homeless families were assessed within two weeks of admission to seven hostels and were compared with a group of housed families matched for socioeconomic status. Homeless families primarily consisted of single mothers and an average of two children, who had become homeless because of domestic violence or violence from neighbors. Findings concluded that homeless mothers and children have high rates of psychosocial morbidity, which are related to multiple risk factors and chronic adversities. Their complex needs should be best met by specialized and coordinated health, social, and educational services (authors).

Order #: **13136**

Authors: Webb, D., Culhane, J., Metraux, S., Robbins, J., Culhane, D.

Title: **Prevalence of Episodic Homelessness Among Adult Childbearing Women in Philadelphia, PA.**

Source: American Journal of Public Health 93(11): 1895-1896, 2003. (Journal Article: 2 pages)

Abstract: In this article the authors conducted a study based on public shelter use and birth record data to determine the likelihood of homelessness among pregnant women in Philadelphia, PA. Economic, social and psychological dislocations associated with housing instability are discussed. According to the article, this study concluded that a large number of urban and minority childbearing women are exposed to the disruptions and dislocations associated with becoming homeless at some point in their reproductive careers. The author concludes that adequate and affordable housing has significant implications for the health of individuals and the health of populations in several ways (authors).

Order #: **12847**

Authors: Whitbeck, L.B., Hoyt, D.R., Johnson, K.D., Berdahl, T.A., Whiteford, S.W.

Title: **Midwest Longitudinal Study of Homeless Adolescents: Baseline Summary Report.**

Source: Lincoln, NE: University of Nebraska, 2002. (Report: 10 pages)

Abstract: This report summarizes findings from the Midwest Longitudinal Study of Homeless Adolescents (MLSHA), a four state study of runaway adolescents. The project is in its second year and this is its first report. The report contains detailed information from interviews that the survey outreach workers conduct every three months with runaways who agree to stay in touch over the three-year period, typically from age 16 to 19. About 65 percent of the initial group of 455 teens have stayed in touch with interviewers, who are in many cases one of the few adults who express interest in their lives. During the interviews, new insights are gained about the lives of these teens. For example, there are different gradients of runaways, from "couch surfers" who leave home and sleep on the sofas of friends and relatives before going back home, to hard-core runaways with their own subculture. The study is important for a number of reasons, including troubling signs that runaway teens are poorly equipped for adult life (authors).

Available From: University of Nebraska, 739 Oldfather Hall, Lincoln, NE 68588, (402) 472-5562, www.endhomelessness.org/pub/MidwestStudy.pdf.

Order #: **2368**

Authors: Winkleby, M.A. and Boyce, T.

Title: **Health-Related Risk Factors of Homeless Families and Single Adults.**

Source: Journal of Community Health 19(1): 7-23, 1994. (Journal Article: 17 pages)

Abstract: This article examines how homeless adults living with children differ in sociodemographic characteristics, adverse childhood experiences and addictive and psychiatric disorders from homeless adults who are not living with children. Data were analyzed from two cross-sectional surveys of family and single adult shelters in Santa Clara County, Calif. Findings indicate that adults with children, particularly women, were significantly younger, less educated, less likely to have experienced full-time employment, and more likely to have been supported by public assistance before becoming homeless than adults without children. Adults with children were also significantly less likely to enter homelessness with histories of excessive alcohol consumption. Women with children were less likely to have histories of psychiatric hospitalizations than adults without children. The authors contend that homeless women with children are most likely to benefit from case management and educational and occupational interventions (authors).

Order #: **2369**

Authors: Winkleby, M.A. and Fleshin, D.

Title: **Physical, Addictive, and Psychiatric Disorders Among Homeless Veterans and Nonveterans.**

Source: Public Health Reports 108(1): 30-36, 1993. (Journal Article: 7 pages)

Abstract: This study examines the proportion of veterans among homeless adults in three shelters in Santa Clara County, Calif., and whether adverse childhood events, histories of mental, physical and addictive disorders differ among nonveterans, combat-exposed veterans and noncombat-exposed veterans. Findings indicate that 42% of those surveyed were veterans and that both groups of veterans were significantly more likely to report excessive alcohol consumption prior to becoming homeless. In addition, the length of time between military discharge and initial loss of shelter was more than a decade for 76% of the combat-exposed veterans. The authors contend that further research is needed to determine if military service increases the risk of homelessness (authors).

Order #: **1788**

Authors: Winkleby, M.A., White, R.

Title: **Homeless Adults Without Apparent Medical and Psychiatric Impairment: Onset of Morbidity Over Time.**

Source: Hospital and Community Psychiatry 43(10): 1017-1023, 1992. (Journal Article: 7 pages)

Abstract: A cross-sectional study compared characteristics of homeless adults with and without substance abuse, physical health problems, and history of psychiatric hospitalization when they first became homeless. Self-report data on demographic characteristics, adverse events in childhood, and history of medical disorders were collected from 1,399 homeless adults who used three shelters in Santa Clara County, Calif., during a five-month winter period in 1989 and 1990. A total of 45.6% of the respondents reported no impairments when they first became homeless. They were distinguished from those with impairments at onset of homelessness by their younger age, minority status, lower educational attainment, and lower frequency of adverse events in childhood. Respondents who reported no impairments when they first became homeless were likely to develop addictive and psychiatric disorders over time. Those who had been homeless five years or more reported high rates of alcohol abuse, illegal drug use, and psychiatric hospitalization (authors).

Order #:   **1056**

Authors: Zozus, R.T. and Zax, M.

Title: **Perceptions of Childhood: Exploring Possible Etiological Factors in Homelessness.**

Source: Hospital and Community Psychiatry 42(5): 535-537, 1991. (Journal Article: 3 pages)

Abstract: This study explores the possibility that early childhood experiences predispose individuals to later homelessness. Ninety homeless men, age 18 to 67 years, were interviewed in four shelters in Rochester, N.Y. The comparison group consisted of 20 subjects, ages 20 to 62, who had never experienced homelessness. They were matched to the experimental group by sex, age, and the fact that they were living alone and suffering serious economic hardship. Compared with domiciled subjects, homeless subjects perceived their family environment as more rejecting, disorganized, and abusive, and were more likely to describe early relationships within the family as emotionally impoverished, chaotic, and socially isolating. The results indicate that a perceived lack of early maternal warmth or involvement in the lives of young children is potentially a significant risk factor for homelessness.

Order #: **8749**

Authors: Acosta, O., Toro, P.A.

Title: **Let's Ask Homeless People Themselves: A Needs Assessment Based on a Probability Sample of Adults.**

Source: American Journal of Community Psychology 28(3): 343-266, 2000. (Journal Article: 24 pages)

Abstract: A probability sample of 301 adults who are homeless from Buffalo, N.Y., was followed over six months to document the utilization of a variety of community services, examine services desired, and identify factors associated with service utilization, preference, and satisfaction. The following needs were all as at least equally important as the need for affordable housing: safety, education, transportation, medical/dental treatment, and job training/placement. Needs for formal mental health and substance abuse services were rated as relatively unimportant, and for those who actually used them, respondents were often dissatisfied with them. Of 16 predictor variables, several showed consistent relationships with subsequent service use, preference, and satisfaction. Younger adults, persons of color, those with dependent children, and persons having fewer social supports reported less service utilization, less satisfaction with services, different perceived need for particular services, and/or greater difficulty in obtaining services (authors).

Order #: **12354**

Authors: Alexander, M., Haugland, G.

Title: **Integrating Services for Co-occurring Disorders.**

Source: Orangeburg, NY: Nathan S. Kline Institute for Psychiatric Research, 2000. (Report: 138 pages)

Abstract: This report provides the research and data context that supports integrating services, documents the barriers experienced in New York State, and describes strategies that have met with some success in integrating services. Topics discussed in this report include identification and assessment of co-occurring disorders, assertive community treatment, the forensic system, housing, peer driven models of dual recovery, and staff training. Sample forms for each county are also included as appendices (authors).

Available From: Nathan S. Kline Institute for Psychiatric Research, 140 Old Orangeburg Road, Orangeburg, NY 10962, (845) 398-6584, www.rfmh.org/csipmh/publica_orderform.htm.

Order #: **12337**

Authors: Andersen, A.

Title: **Connecticut Supportive Housing Demonstration Program.**

Source: New Haven, CT: The Corporation for Supportive Housing, 2002. (Report: 60 pages)

Abstract: An objective evaluation of the Connecticut Supportive Housing Demonstration Program begun in 1992. The Program is the joint effort of the State of Connecticut and the Corporation for Supportive Housing (CSH) to produce over 200 units of service-enriched permanent housing for homeless and at-risk populations. The evaluation is intended to determine if stable housing reduces the need for expensive health and social services over time, enhances the quality of life of the residents, and allows residents to pursue their employment and vocational needs. The evaluation also provides a financial analysis of the Program's cost and cost-effectiveness, as well as evaluating the financial stability of the projects participating in the Program. The aesthetic and economic impact of the siting process and perspectives on the development phase are also included.

Available From: Corporation For Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10173, (212) 986-2966, www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=600 (COST: $15.00).

Order #: **12224**

Authors: Anthony, W., Rogers, E., Farkas, M.

Title: **Research on Evidence-Based Practices: Future Directions in an Era of Recovery.**

Source: Community Mental Health Journal 39(2): 101-114, 2003. (Journal Article: 13 pages)

Abstract: This article discusses the trend that many mental health systems are trying to promote: the adoption of what has come to be known as evidence-based practices while incorporating a recovery vision into the services they provide. Unfortunately, much of the existing published research on evidence-based practices was conceived without an understanding of the recovery vision and/or implemented prior to the emergence of the recovery vision. As a result, evidence-based practice research that has been published to date is deficient in speaking to a system being built on a recovery philosophy and mission. These deficiencies are detailed, and suggestions are advanced for new directions in evidence-based practice research.

Order #: **13155**

Authors: Ashenberg Straussner, S.L., Brown, S.

Title: **The Handbook of Addiction Treatment for Women: Theory and Practice.**

Source: San Francisco, CA: Jossey-Bass, 2002. (Book: 620 pages)

Abstract: This comprehensive resource offers an overview of the history of women and addiction, explores the unique challenges the female addict poses, and provides specific guidelines for diagnosing and treating an individual female addict. The contributors to this volume analyze the underlying psychological issues, traumas, and abuse that contribute to addictive behavior, and examine the repercussions women experience when they become addicted or cross addicted to drugs, alcohol, sex, food, relationships, shopping, gambling, smoking, or spending. They consider the complex factors that can influence a woman's behavior, including age, race, culture, and psychological issues, and explore how individual women experience addiction differently, whether they are lesbian, homeless, incarcerated, or dually diagnosed.

Available From: John Wiley & Sons, 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.wiley.com/WileyCDA/WileyTitle/productCd-0787953555.html, (ISBN: 0-7879-5355-5, COST: $80.00).

Order #: **7027**

Authors: Averyt, J.M., Kuno, E., Rothbard, A., Culhane, D.

Title: **Impact of Continuity of Care on Recurrence of Homelessness Following an Acute Psychiatric Episode.**

Source: Philadelphia, PA: Center for Mental Health Policy and Services Research, University of Pennsylvania, 1997. (Report: 19 pages)

Abstract: This paper examines the effectiveness of outpatient services delivered to people within 30 days of discharge from a psychiatric hospitalization. The sample consisted of 150 homeless adults with mental illness who were shelter users in the Philadelphia area. The study assessed the re-occurrence of homelessness following hospital discharge. Findings suggest that prompt connection with aftercare services was effective in reducing homelessness for people who used the shelter system a single time in the year prior to their psychiatric hospitalization. For repeated users of the shelter system, the recurrence of homelessness was not correlated to timely outpatient services following hospital discharge. The authors conclude this study to suggest that continuity of care is instrumental in preventing future homelessness among a portion of the homeless mentally ill population. For homeless mentally ill people with recent histories of repeated shelter use, greater diversity and intensity of outpatient services are necessary (authors).

Order #: **2753**

Authors: Barbour, W. (ed.)

Title: **Mental Illness: Opposing Viewpoints. Second Edition.**

Source: San Diego, CA: Greenhaven Press, Inc. 2000. (Book: 312 pages)

Abstract: This book presents opposing viewpoints from professionals within the field of mental health concerning services and treatment for persons with serious mental illness. According to the authors, people who, prior to 1950, would have been permanently housed in state institutions, now because of deinstitutionalization, occupy community settings -- from independent housing to halfway houses to cardboard boxes. The impact of deinstitutionalization is a theme that emerges repeatedly in this book. Chapters also cover such topics as: the definition of mental illness; what causes mental illness; the definition, causes and societal, legal, and policy-level response to mental illness (authors).

Available From: Thomson Gale, P.O. Box 95501, Chicago, IL 60694, (800) 877-4253, www.galegroup.com/greenhaven (ISBN: 0-7377-0347-4, COST: $22.45).

Order #: **8086**

Authors: Barton, R.

Title: **Psychosocial Rehabilitation Services in Community Support Systems: A Review of Outcomes and Policy Recommendations.**

Source: Psychiatric Services 50(4): 525-534, 1999. (Journal Article: 10 pages)

Abstract: This review article examines the place of psychosocial rehabilitation services within community support systems in light of the need for mental health service systems to develop policies to direct the use of limited resources. Literature reporting outcome studies of psychosocial rehabilitation interventions was reviewed, with a focus on skills training, family psychoeducation, and supported employment. A meta-analysis from recent outcome studies was done. An integrative cost-outcome analysis examined allocation of resources among various levels of service intensity. Outcomes research strongly supports use of psychosocial rehabilitation, but is insufficiently developed to determine the effects of service components used at varying intensity levels and the interaction of those components with client characteristics, medication levels, or phase of illness. Cost-effectiveness studies show an average reduction of more than 50% in cost of care due to reduced hospitalizations (author).

Order #: **6887**

Authors: Bebout, R.R., Drake, R.E., Xie, H., McHugo, G.J., Harris, M.

Title: **Housing Status Among Formerly Homeless Dually Diagnosed Adults.**

Source: Psychiatric Services 48(7): 936-941, 1997. (Journal Article: 6 pages)

Abstract: This article describes a study that examined residential outcomes of homeless adults with severe mental illness and a substance use disorder over an 18 month period during which participants received integrated dual-diagnosis services and housing supports based on a continuum model. The authors used data from 122 participant interviews conducted at baseline, and at six, 12, and 18 month follow-ups that assessed housing status, residential history, substance abuse and progress toward recovery, psychiatric symptoms, and quality of life. Results indicated that 52% of participants achieved stable housing, and that most who did first entered staffed and supervised housing and then moved to independent arrangements by the end of the study. Stable housing was found to be associated with lower substance use, greater progress toward recovery, and high quality of life. The authors concluded that housing stability is strongly mediated by substance abuse and progress toward recovery, but that when provided with integrated dual-diagnosis treatment, formerly homeless persons with dual-diagnosis can gradually achieve stable housing.

Order #: **1813**

Authors: Bennett, G., Shane, P., Tutunjian, B., Perl, H.I.

Title: **Job Training and Employment Services for Homeless Persons with Alcohol and Other Drug Problems.**

Source: Rockville, MD: U.S. Department of Health and Human Services, 1992. (Report: 96 pages)

Abstract: The purpose of this technical assistance report is two-fold. First, it summarizes the relevant research that connects the arenas of homelessness, alcohol and other drug abuse, and employment and job training services. Second, it draws on the National Institute on Alcohol Abuse and Alcoholism and the Department of Labor demonstration projects as well as other programs to provide examples of innovative programs across the country that have made progress in meeting the challenge of serving the comprehensive employment needs of homeless persons who have alcohol and other drug problems (authors).

Order #: **11669**

Authors: Berg, I.K., Hopwood, L.

Title: **Doing with Very Little: Treatment of Homeless Substance Abusers.**

Source: Journal of Independent Social Work 5(3-4): 109-119, 1991. (Journal Article: 11 pages)

Abstract: This article provides a detailed description of a study conducted by the authors, which involved asking thirty-six individual homeless adults from various shelters and care centers in the downtown Milwaukee area, what they thought would be helpful for them. This study confirms the results of others in regards to the complex nature of the problems of people who are homeless: drug and alcohol abuse, recent and chronic homelessness, mental illness, poverty, and lack of social connectedness. It also confirms that although most had tried and failed in traditional substance abuse programs, all had significant periods of abstinence (authors).

Order #: **12264**

Authors: Bird, C., Jinnett, K., Burnam, M., Koegel, P., Sullivan, G., Wenzel, S., Ridgely, M., Morton, S., Mui, A.

Title: **Predictors of Contact with Public Service Sectors Among Homeless Adults With and Without Alcohol and Other Drug Disorders.**

Source: Journal of Studies on Alcohol 63(6): 716-725, 2002. (Journal Article: 10 pages)

Abstract: This study examined the predictors of contact with agencies in the health, mental health, social welfare and criminal justice sectors by alcohol and other drug (AOD) status among a probability sample of adults who are homeless in Houston, Texas. Structured face-to-face interviews provided screening diagnoses for AOD disorders, self-reported data on AOD treatment use and candidate predictors of treatment use. The authors suggest that AOD disorders hinder utilization of public sector services by people who are homeless, and these disorders may be masking need or otherwise acting as a barrier to accessing treatment and support (authors).

Order #: **5803**

Authors: Borowitz, L., Stover, M., Zawisza, K.

Title: **McKinney Act Programs in Nonmetro Areas: How Far Do They Reach? Part Two: Case Studies.**

Source: Washington, DC: Housing Assistance Council, 1995. (Report: 60 pages)

Abstract: This report consists of six case studies conducted in 1992 of organizations in nonmetropolitan counties across the country that have successfully implemented local homeless assistance programs that include funding from the Stewart B. McKinney Homeless Assistance Act programs. Site visits were conducted in Iowa, Illinois, Maine, Arkansas, Tennessee, and New Mexico. For nonmetro areas in each of the six states, causes of homelessness, characteristics of the homeless population, and concerns of providers were much the same. The six case studies in this publication provide lessons regarding what makes homeless assistance programs in nonmetro areas successful.

Available From: Housing Assistance Council, 1025 Vermont Avenue, NW, Suite 606, Washington, D.C. 20005, (202) 842-8600, www.ruralhome.org/pubs/hsganalysis/mckinney2/introduction.htm.

Order #:   **1961**

Authors: Breakey, W.R.

Title: **Mental Health Services for Homeless People.**

Source: In Robertson, M.J., and Greenblatt, M. (eds.), Homelessness: A National Perspective. New York, NY: Plenum Press, 1992. (Book Chapter: 7 pages)

Abstract: This chapter considers how clinical work with homeless people is affected by the special characteristics of the target population and how these characteristics affect the development of effective service systems. According to the author, mental health professionals need skill and innovation, patience, realism, and attention to the hierarchy of needs of the homeless. The range of services in a mental health program should include outreach, case management, direct clinical services, supervised housing, and consultation with shelter providers (authors).

Order #:   **7104**

Authors: Burek, S., Toprac, M., Olsen, M.

Title: **Third-Year Outcomes of Supported Housing in Texas: Measuring the Long-Term Effects of System Change.**

Source: Austin, TX: Texas Department of Mental Health and Mental Retardation, 1996. (Presentation: 13 pages)

Abstract: This paper presents the results of a supported housing demonstration program implemented by the Texas Department of Mental Health and Mental Retardation in 1990. The program was designed to provide scattered-site, mainstream housing by providing consumers with state-funded rental subsidies and loans while they waited for federal subsidies. Of the 13 program sites, seven participated in a state level evaluation. Longitudinal survey data collected on 700 consumers over a three-year period were examined to identify key outcome variables over time. Findings indicated that housing stability improved after program entry and that housing remained fairly constant across the three-year period. Findings also suggested that the program helped consumers increase their independence, satisfaction, and success within the community. Implications of these findings for future planning, policy development, and research are discussed.

Available From: Texas Department of Mental Health and Mental Retardation, 909 West 45th Street, Austin, TX 78751, (512) 454-3761, www.mhmr.state.tx.us/default.html.

Order #:   **5711**

Authors: Burling, T.A., Seidner, A.L., Salvio, M.A., Marshal, G.D.

Title: **A Cognitive-Behavioral Therapeutic Community for Substance Dependent and Homeless Veterans: Treatment Outcome.**

Source: Addictive Behaviors 19(6): 621-629, 1994. (Journal Article: 9 pages)

Abstract: This article presents data regarding a residential rehabilitation program that integrates cognitive-behavioral and therapeutic community techniques to treat homeless persons with substance use disorders. The study cohort was 110 military veterans admitted to a Domiciliary Care for Homeless Veterans Program of the Department of Veterans Affairs. The cohort had multiple psychosocial problems at admission, and all had drug/alcohol abstinence as a treatment goal. Structured interviews conducted at three, six, nine, and 12 months postdischarge revealed that a substantial proportion had positive outcomes with respect to housing, substance abuse abstinence, employment, and self-rated psychological symptoms. This integrated cognitive-behavioral therapeutic community approach appears to be a viable treatment for this subset of homeless individuals and also may be effective for other populations with similar clinical characteristics (authors).

Order #: **3010**

Authors: Bybee, D., Mowbray, C.T., Cohen, E.

Title: **Short Versus Longer Term Effectiveness of an Outreach Program for the Homeless Mentally Ill.**

Source: American Journal of Community Psychology 22(2): 181-209, 1994. (Journal Article: 28 pages)

Abstract: This article presents four- and 12-month follow-up results from an outreach/linkage intervention with persons who are homeless and have mental illness. The program was successful in placing individuals in independent housing, but longer term data provide useful information regarding client movement patterns and increased tenure in nonhomeless living arrangements once specialized services are terminated (authors).

Order #: **3097**

Authors: Bybee, D., Mowbray, C.T., Cohen, E.H.

Title: **Evaluation of a Homeless Mentally Ill Outreach Program: Differential Short-Term Effects.**

Source: Evaluation and Program Planning 18(1): 13-24, 1995. (Journal Article: 12 pages)

Abstract: Previously published research on interventions for homeless persons with mental illness has exhibited marked limitations in attrition, sample sizes, generalizability and outcome measures. This report presents results from an outreach and linkage project which concentrates on addressing these limitations. Successful outcomes in terms of the number housed were documented. However, significant changes in participant functioning levels were not. Three variables were significant predictors of residential stability at four months: recruitment source (shelter, psychiatric hospital or community mental health agency); client functioning; and hours of service from the homeless project. The latter finding suggests that project interventions contributed to positive changes in clients' residences. Implications of the results for future service and research efforts are discussed (authors).

Order #: **13052**

Authors: Calsyn, R., Morse, G., Yonker, R., Winter, J., Peirce, K., Taylor, M.

Title: **Client Choice of Treatment and Client Outcomes.**

Source: Journal of Community Psychology 31(4): 339-348, 2003. (Journal Article: 10 pages)

Abstract: This article is based on a study in which participants suffered from severe mental illness and were homeless at baseline, and given their choice of five different treatment programs. The current study investigated two major questions: what is the impact of positive expectancies about the efficacy of the chosen program on number of contacts with the chosen program and client outcomes; and what is the impact of positive views about nonchosen programs (alternative choice variables) on contact with the chosen program and client outcomes. According to the authors, client outcomes assessed were psychotic symptoms, days homeless, and client satisfaction. Positive expectancy variables were the number of reasons for choosing a program and confidence that the program would help. Alternative choice variables were the number of nonchosen programs visited and the attractiveness of a nonchosen program. The authors state that only the number of reasons for choosing the program was significantly related to program contact with the chosen program. Both of the positive expectancy variables and program contact were significantly correlated with consumer satisfaction. In general, neither the positive expectancy variables nor the alternative choice variables predicted changes in psychotic symptoms nor days homeless (authors).

Order #: **13446**

Authors: Camasso, M., Jagannathan, R., Walker, C.

Title: **New Jersey's Transitional Housing Demonstration Program: The Relationship of Service Delivery Structure and Process to the Attainment of More Permanent Forms of Housing.**

Source: Evaluation and Program Planning 27(1): 45-58, 2004. (Journal Article: 14 pages)

Abstract: In this article, the authors examine the impact of New Jersey's Transitional Housing Demonstration Program (THDP) on families receiving public assistance in need of some form of permanent housing. The authors test the demonstration's overall program logic which suggests a linkage between organizational structure, participation of life skills activities, successful graduation form the program, and positive housing outcomes. Surveying welfare recipients who participated in transitional housing for more than three years, the authors assert that demographic characteristics of the participants and features of the programs are linked with more successful outcomes. The article states that programs which require higher levels of activity participation and which limit residents' personal freedom produce graduates who are more likely to find permanent housing (authors).

Order #: **7035**

Authors: Carey, K.B.

Title: **Treatment of Co-Occurring Substance Abuse and Major Mental Illness.**

Source: New Directions for Mental Health Services 70: 19-31, 1996. (Journal Article: 13 pages)

Abstract: This article proposes a model for the treatment of co-occurring substance abuse and major mental disorders that integrates empirically grounded strategies applicable to substance abuse problems into the context of outpatient mental health treatment. The model is organized around five therapeutic steps that can serve as guidelines for treatment planning. The model is also based on several underlying assumptions. First, the model assumes an outpatient mental health context in which clients have contact with a primary therapist or case manager. It also attempts to integrate substance abuse interventions and ongoing psychiatric treatment, and requires a combination of pharmacological treatment, psychosocial treatments, and supportive services. The final assumption of the model consists of adopting a longitudinal approach to treatment.

Order #: **12138**

Authors: Catalano, R., McConnell, W., Forster, P., McFarland, B., Thornton, D.

Title: **Psychiatric Emergency Services and the System of Care.**

Source: Psychiatric Services 54(3): 351-355, 2003. (Journal Article: 5 pages)

Abstract: This article describes a study to assess whether weekly admissions to psychiatric emergency services would increase when outpatient services were reduced, whether weekly admissions would increase when greater effort was made to identify and treat persons with acute mental illness, and whether weekly admissions would decrease when emergency services were enhanced to include postrelease case management. The findings from the study show that the causes and course of mental illness inextricably tie a psychiatric emergency service to the overall mental health system and to events in the community it serves (authors).

Order #: **13432**

Authors: Center for Mental Health Services and Center for Substance Abuse Treatment.

Title: **CMHS/CSAT Collaborative Program to Prevent Homelessness.**

Source: Delmar, NY: National Resource Center on Homelessness and Mental Illness, 2002. (Issue Brief: 5 pages)

Abstract: This issue brief provides an overview of findings from this collaborative program. Risk factors, prevalence of co-occurring disorder, homeless prevention and reduction are discussed. The authors also provide highlights of the study organization, cross-site evaluation and findings, and site-specific findings (authors).

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov/pdfs/Prevention.pdf.

Order #: **2973**

Authors: Center for Mental Health Services.

Title: **Lessons Learned: A Final Look at the First-Round McKinney Service Demonstration Projects for Homeless Adults with Severe Mental Illnesses.**

Source: Washington, DC: Center for Mental Health Services, 1994. (Report: 47 pages)

Abstract: This report summarizes what has been learned from the first-round McKinney demonstration projects for homeless adults with severe mental illnesses funded from 1987-90. The awards for this project were made to state mental health authorities, who contracted with a local agency or group of agencies to provide services. Projects were located in Chicago; Cleveland; Miami; New York City; Nashville; Columbia; Richmond; Portland; Flint; and Ann Arbor. Principal observations across the projects in four key areas -- the provision of services, the creation of housing, the integration of services, and project implementation -- are reviewed (authors).

Order #: **2373**

Authors: Center for Mental Health Services.

Title: **Making A Difference: Interim Status Report of the McKinney Research Demonstration Program for Homeless Mentally Ill Adults.**

Source: Washington, DC: Center for Mental Health Services, 1994. (Report: 125 pages)

Abstract: This report presents the preliminary findings of five, three-year research demonstration projects, funded under the Stewart B. McKinney Homeless Assistance Act (Public Law 100-77), to test the effectiveness of a variety of approaches to providing mental health treatment, housing, and support services to homeless adults with serious mental illnesses. Three of the projects took place in Boston, Baltimore, and San Diego, Calif. The two remaining projects were undertaken in New York City. Key findings include: homeless people with serious mental illnesses will use accessible, relevant community mental health treatment services; appropriate services and stable housing resources decrease homelessness; formerly homeless people with serious mental illnesses are an important resource; and substance abuse is a major factor in homelessness among people with serious mental illnesses. Program descriptions, research methods and client demographics are included for each project site, as well as the policy implications of the initial findings (authors).

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **8693**

Authors: Chinman, M.J., Rosenheck, R., Lam, J.A.

Title: **The Case Management Relationship and Outcomes of Homeless Persons with Serious Mental Illness.**

Source: Psychiatric Services 51(9): 1142-1147, 2000. (Journal Article: 6 pages)

Abstract: This article examines the effect of the case management relationship on clinical outcomes among homeless persons with serious mental illness. The sample consisted of the first two cohorts (N=2,798) that entered the Access to Community Care and Effective Services and Supports (ACCESS) program. At baseline, three months, and 12 months, clients were characterized as not having a relationship with their case manager or as having a low or high therapeutic alliance with their case manager. No significant associations were found between the relationship with the case manager at baseline and outcomes at 12 months. At three months, clients who had formed an alliance with their case manager had significantly fewer days of homelessness at 12 months. Clients who reported a high alliance with their case manager at 12 months had significantly fewer days of homelessness at 12 months than those with a low alliance, and those with a low alliance had fewer days of homelessness than clients who reported no relationship. The authors conclude that clients' relationship with their case manager was significantly associated with homelessness and modestly associated with general life satisfaction (author).

Order #: **12377**

Authors: Chow, J., Jaffee, K., Snowden, L.

Title: **Racial/Ethnic Disparities in the Use of Mental Health Services in Poverty Areas.**

Source: American Journal of Public Health 93(5): 792-797, 2003. (Journal Article: 5 pages)

Abstract: This study examines the racial/ethnic disparities in mental health service access and use at different poverty levels. The authors compared demographic and clinical characteristics and service use patterns of Whites, Blacks, Hispanics, and Asians living in low-poverty and high-poverty areas. The authors assert that residence in a poverty neighborhood moderates the relationship between race/ethnicity and mental health service access and use. Disparities in using emergency and inpatient services and having coercive referrals were more evident in low-poverty than in high-poverty areas. The article concludes that neighborhood poverty is a key to understanding racial/ethnic disparities in the use of mental health services (authors).

Order #: **12605**

Authors: Clark, C., Rich, A.

Title: **Outcomes of Homeless Adults with Mental Illness in a Housing Program and in Case Management On**

Source: Psychiatric Services 54(1): 78-83, 2003. (Journal Article: 6 pages)

Abstract: In this article, the authors discuss and compare two types of service programs in ameliorating homelessness among individuals with severe mental illness. Homeless persons with severe mental illness were recruited into the study on their entry into one of two types of homeless service programs. The first was a comprehensive housing program, in which consumers received guaranteed access to housing, housing support services, and case management. The second was a program of case management only, in which consumers received specialized case management services. The authors state that persons with high psychiatric symptom severity and high substance use achieved better housing outcomes with the comprehensive housing program than with case management alone. The authors also state that persons with low and medium symptom severity and low levels of alcohol and drug use did just as well with case management alone. The article asserts that the effectiveness, and ultimately the cost, of homeless services can be improved by matching the type of service to the consumer's level of psychiatric impairment and substance use rather than by treating mentally ill homeless persons as a homogeneous group (authors).

Order #:   **8709**

Authors: Cocozza, J.J., Steadman, H.J., Dennis, D.L., Blasinsky, M., Randolph, F.L., Johnsen, M., Goldman, H.

Title: **Successful Systems Integration Strategies: The ACCESS Program for Persons who are Homeless and Mentally Ill.**

Source: Administration and Policy in Mental Health 27(6): 395-407, 2000. (Journal Article: 13 pages)

Abstract: In 1993, the Access to Community Care and Effective Services and Supports (ACCESS) federal demonstration program was initiated. Using a quasi-experimental design, the five-year demonstration program sought to assess the impact of integrated systems of care on outcomes for persons with mental illness who are homeless. The authors report on which integration strategies were chosen and how their implementation is quantified. Data collected primarily through annual site visits revealed that only two strategies were used by all nine systems. The system integration strategies employed remained relatively stable over the five years. Successful implementation appears to be related to the strategies selected (authors).

Order #:   **11303**

Authors: Commonwealth of Massachusetts Executive Office for Administration and Finance.

Title: **Moving Beyond Serving the Homeless to Preventing Homelessness.**

Source: Boston, MA: Commonwealth of Massachusetts Executive Office for Administration and Finance, 2000. (Report: 146 pages)

Abstract: The state of Massachusetts' emergency shelter system continues to feel strained despite the administration's overall efforts to implement initiatives that will improve the ability of all of its citizens to have safe, decent, and affordable housing. The Executive Office for Administration and Finance launched an examination of the state's efforts to prevent homelessness by appointing two working groups on homelessness, each of which were part of the Task Force on Housing and Homelessness. Both groups included representatives from state agencies, advocacy organizations, and service providers. One group, the Working Group on Housing Search and Retention, examined and assessed the Commonwealth's housing search and retention services available to families and individuals who are homeless or at risk of homelessness. The other group, the Working Group on Discharge Planning, examined and analyzed discharge planning policies and procedures within a number of correctional facilities as well as human service agencies that provide custodial, residential, or inpatient services to single adults.

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292 www.nhchc.org/discharge/Documents/IVE_MassachusettsExecutiveOffice.pdf.

Order #:   **12649**

Authors: Comtois, K., Russo, J., Sonwden, M., Srebnik, D., Ries, R., Roy-Byrne, P.

Title: **Factors Associated with High Use of Public Mental Health Services by Persons with Borderline Personality Disorder.**

Source: Psychiatric Services 54(8): 1149-1154, 2003. (Journal Article: 6 pages)

Abstract: In this article, the authors discuss a pilot study done to identify clinical factors associated with high use of inpatient psychiatric services by persons with borderline personality disorder. The articles states that high use of inpatient psychiatric services was predicted by a history of parasuicide in the previous two years but not by the number or severity of parasuicides; by the presence and number of anxiety disorders, but not by depression or psychotic or substance use disorders; and by poorer cognitive functioning. The authors assert that life stressors, global functioning, and health service variables did not differentiate patients with high levels of service use from other patients with borderline personality disorder. The authors suggest further research to explore the predictors of service use to determine whether they are replicated in larger samples. Treatments that target these variables are also suggested (authors).

Order #: **9922**

Authors: Cook, J., Pickett-Schenk, S., Grey, D., Banghart, M., Rosenheck, R.A., Randolph, F.

Title: **Vocational Outcomes Among Formerly Homeless Persons With Severe Mental Illness in the ACCESS Program.**

Source: Psychiatric Services 52(8): 1075-1080, 2001. (Journal Article: 5 pages)

Abstract: This study examined the vocational outcomes of 4,778 formerly homeless individuals with severe mental illness who were enrolled in the Access to Community Care and Effective Services and Support (ACCESS) program, a multisite demonstration project designed to provide services to this population. ACCESS participants reported receiving relatively few job-related services. Nonetheless, modest but significant increases occurred between baseline and three months and between three months and 12 months in the total proportion of participants who were employed and who were employed full-time and in hourly earnings and estimated monthly earnings. The number of hours worked per week increased significantly between three months and 12 months. Participants who were employed at 12 months were more likely to have received job training and job placement services. The conclusion was made that programs that work with homeless mentally ill persons may better serve their clients by placing as great an emphasis on providing employment services as on providing housing and clinical treatment (authors).

Order #: **11085**

Authors: Cox, B.G., Walker, R.D., Freng, S.A., Short, B.A., Meijer, L., Gilchrist, L.

Title: **Outcome of a Controlled Trial of the Effectiveness of Intensive Case Management for Chronic Public Inebriates.**

Source: Journal of Studies on Alcohol 59(5): 523-532, 1998. (Journal Article: 11 pages)

Abstract: The objective of this study was to test whether an intensive case management intervention would be effective with a group of homeless chronic public inebriate clients. The primary goals of the case management were to improve the financial and residential stability of the clients and to reduce their use of alcohol. The results indicated that case management had a beneficial effect on the clients receiving it. This effect may have been the result of an increase in services received by the case managed clients (authors).

Order #: **8745**

Authors: Craig, T.

Title: **Facing Up to Social Exclusion: Services for Homeless Mentally Ill People.**

Source: International Review of Psychiatry 12(3): 206-211, 2000. (Journal Article: 6 pages)

Abstract: This overview article describes the special problems of people with mental illnesses who are homeless and how services have developed to meet their needs. The author states that for reasons that are unclear, these problems are increasing and, despite the development of specific groups focused on the care of people with mental illnesses who are homeless, a great deal more needs to be done.

Order #: **12720**

Authors: Culhane, D., Hornburg, S.

Title: **Where to from Here? A Policy Research Agenda Based on the Analysis of Administrative Data.**

Source: In Culhane, D., Hornburg, S. (eds) Understanding Homelessness: New Policy and Research Perspectives, 1997. (Book Chapter: 20 pages)

Abstract: This chapter outlines a policy research agenda based on the analysis of administrative data. Computerized records of client characteristics and their related shelter utilization patterns offer researchers a rich source of longitudinal data that can enable a wide range of investigations, and that can be analyzed with a variety of administrative data to contribute to: enumerating and determining the characteristics of the homeless population; understanding the effect of homelessness on related public systems; gauging the effect of policy interventions on the use of homeless services; evaluating the effectiveness of system-level homeless service delivery; and measuring the performance of individual homeless service providers. The conclusion comments on several issues that policymakers might consider regarding the implementation of automated information systems among homeless service providers (authors).

Order #: **11797**

Authors: Culhane, D.P., Metraux, S., Hadley, T.

Title: **Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness Supportive Housing.**

Source: Housing Policy Debate 13(1): 107-163, 2002. (Journal Article: 56 pages)

Abstract: This article assesses the impact of public investment in supportive housing for people who are homeless with severe mental disabilities. Data on 4,679 people placed in such housing in New York City between 1989 and 1997 were merged with data on the utilization of public shelters, public and private hospitals, and correctional facilities. A series of matched controls, people who were homeless but not placed in housing were similarly tracked. Regression results reveal that persons placed in supportive housing experience marked reductions in shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated (authors).

Order #: **8855**

Authors: Culhane, D.P., Metraux, S., Hadley, T.

Title: **The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative.**

Source: Washington, DC: Fannie Mae Foundation, 2001. (Report: 62 pages)

Abstract: The study reported here examines services use by persons with severe mental illness (SMI) who are formerly homeless before and after being placed into a large supportive housing program in New York City. Administrative data from large public medical, psychiatric, criminal justice, and shelter service providers were used to assess an aggregate level of services demand for pre- and post-placement periods for this study group and for a set of controls. The extent to which reductions in these services are present and can be attributable to a supportive housing placement stand to foster broader insight into both services use patterns among homeless people with SMI and the effectiveness of supportive housing, especially in terms of cost (authors).

Available From: Fannie Mae Foundation, 4000 Wisconsin Ave., NW, North Tower, Suite One, Washington, DC 20016-2804, (202) 274-8000, www.fanniemaefoundation.org.

Order #: **11494**

Authors: Davis, G., Johnson, G., Mayberg, S.

Title: **Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness.**

Source: Sacramento, CA: California Department of Mental Health, 2002. (Report: 55 pages)

Abstract: This report presents current results of the Department of Mental Health's administration and implementation of programs at the county and city level required by Assembly Bills (AB) 34 and 2034. Services were expanded for parolees, probationers, and people who are homeless with serious mental illnesses. The department continues to find that the effects of the intensive, integrated outreach and community based services enable the target population to reduce symptoms that impaired their ability to live independently, work, maintain community supports, care for their children, remain healthy, and avoid crime. This report describes the processes used and the identification of approaches to services and strategies that were helpful in identifying and engaging clients and that may serve as guidelines and/or standards for future projects. Key among these approaches continues to be a very close collaboration at the local level among core service providers, including mental health services, law enforcement, veterans service agencies, and other community agencies.

Available From: California Department of Mental Health, P.O. Box 997413, Sacramento, CA 95899, www.dmh.cahwnet.gov/PGRE/docs/Homeless-Mentally-Ill-Leg_rpt.pdf

Order #:   **8756**

Authors: DeLeon, G., Sacks, S., Staines, G., McKendrick, K.

Title: **Modified Therapeutic Community for Homeless Mentally Ill Chemical Abusers: Treatment Outcomes**

Source: American Journal of Drug and Alcohol Abuse 26(3): 461-480, 2000. (Journal Article: 20 pages)

Abstract: This article compares homeless mentally ill chemical abuser (MICA) clients, male and female, sequentially assigned to either of two modified therapeutic community programs (TC-1 and TC-2) and to a treatment as usual (TAU) control group. Follow-up interviews were obtained at 12 months post-baseline and at time F (on average more than two years post-baseline). Outcome measures assessed five domains: drug use, crime, HIV risk behavior, psychological symptoms, and employment. Individuals in both modified TC groups showed significantly greater behavioral improvement than TAU at 12 months and time F, and the modified TC-2, with lower demands and staff guidance, was superior to modified TC-1. Completers of both TC programs showed significantly greater improvement than dropouts and a subgroup of TAU clients with high exposure (i.e., more than eight months) to other treatment protocols. The present findings support the effectiveness and longer term stability of effects of a modified TC program for treating homeless MICA clients (authors).

Order #:   **8707**

Authors: Dennis, D.L., Steadman, H.J., Cocozza, J.J.

Title: **The Impact of Federal Systems Integration Initiatives on Services for Mentally Ill Homeless Persons.**

Source: Mental Health Services Research 2(3): 164-174, 2000. (Journal Article: 10 pages)

Abstract: Nearly everyone writing on homelessness over the past 15 years has called for comprehensive integrated systems of care to address the multiple and complex needs of people who become homeless, especially those with mental illnesses. The purposes of this article are fourfold: to clarify the distinction between services integration and systems integration; to map the evolution of federal programs to demonstrate that most of these really have been focused on services integration rather than systems integration; to assess the extent that data from these programs supports the idea of systems integration; and to show how the ACCESS demonstration for persons who are homeless and have mental illnesses is likely to provide answers that prior programs have not. The authors state that without these new data, systems integration, as one solution to the problem of homelessness, remains a theory without empirical evidence, albeit a theory with persuasive conceptual underpinnings (authors).

Order #: **6903**

Authors: Devine, J.A., Brody, C.J., Wright, J.D.

Title: **Evaluating an Alcohol and Drug Treatment Program for the Homeless: An Econometric Approach.**

Source: Evaluation and Program Planning 20(2): 205-215, 1997. (Journal Article: 11 pages)

Abstract: The New Orleans Homeless Substance Abusers Project (NOHSAP) was designed as a randomized field experiment to test the effectiveness of a residential alcohol and drug treatment program on the sobriety, employment, housing, and social integration of homeless substance abusers. However, program staff sabotaged randomization into treatment and control groups, and research attrition was also non-random. Non-random assignment to treatment and non-random research attrition threaten internal and external validity by biasing OLS estimates of the effects of treatment and necessitate use of econometric selection bias correction modeling techniques. Results of these corrected models are then used in subsequent estimates of treatment effects on a variety of outcome measures. After correction, positive treatment effects prove relatively modest. However, subsequent analysis suggests that NOHSAP exerted a critical indirect effect on outcomes by facilitating subject's participation in outside substance abuse groups (authors).

Order #: **3691**

Authors: Dickey, B., Gonzalez, O., Latimer, E., Powers, K., Schutt, R., Goldfinger, S.

Title: **Use of Mental Health Services by Formerly Homeless Adults Residing in Group and Independent Housing.**

Source: Psychiatric Services 47(2): 152-158, 1996. (Journal Article: 6 pages)

Abstract: This study examined patterns of mental health service use among 112 formerly homeless adults with serious mental illness placed in either group or independent living. Eighty-one percent remained in housing over the 18-month study period. Findings indicate that (1) formerly homeless individuals with serious mental illness can maintain residential stability over extended periods of time; (2) independent apartment living was not associated with increased hospitalization; (3) all clients used mental health services on a regular basis; (4) clients living alone had service use patterns similar to those living in group home settings; and (5) those clients with substance abuse disorders had poorer housing outcomes. The authors contend that the study findings challenge some widely held beliefs about how clients use services and, more specifically, about the determinants of hospitalization.

Order #: **12023**

Authors: Dixon, L., McFarlane, W.R., Lefley, H., Lucksted, A. Cohen, M., Falloon, I., Mueser, K., Miklowitz, D., Solomon, P., Sondheimer, D.

Title: **Evidence-Based Practices for Services to Families of People with Psychiatric Disabilities.**

Source: Psychiatric Services 52: 903-910, 2001. (Journal Article: 8 pages)

Abstract: This article discusses family psychoeducation. It is an evidence-based practice that has been shown to reduce relapse rates and facilitate recovery of persons who have mental illness. A core set of characteristics of effective psychoeducation programs has been developed, including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills. Unfortunately, the use of family psychoeducation in routine practice has been limited. Barriers at the level of the consumer and his or her family members, the clinician and the administrator, and the mental health authority reflect the existence of attitudinal, knowledge-based, practical, and systemic obstacles to implementation. Family psychoeducation dissemination efforts that have been successful to date have built consensus at all levels, including among consumers and their family members; have provided ample training, technical assistance, and supervision to clinical staff; and have maintained a long-term perspective (authors).

Order #: **8846**

Authors: Drake, R.E., Goldman, H.H., Leff, H.S., Lehman, A.F., Dixon, L., Mueser, K.T., Torrey, W.C.

Title: **Implementing Evidence-Based Practices in Routine Mental Health Service Settings.**

Source: Psychiatric Services 52(2): 179-182, 2001. (Journal Article: 4 pages)

Abstract: This article describes the rationale for implementing evidence-based practices in routine mental health service settings. Evidence-based practices are interventions for which there is scientific evidence consistently showing that they improve client outcomes. Despite extensive evidence and agreement on effective mental health practices for persons with severe mental illness, research shows that routine mental health programs do not provide evidence-based practices to the great majority of their clients with these illnesses. The authors define the differences between evidence-based practices and related concepts, such as guidelines and algorithms. They discuss common concerns about the use of evidence-based practices, such as whether ethical values have a role in shaping such practices and how to deal with clinical situations for which no scientific evidence exists (authors).

Order #: **8153**

Authors: Drake, R.E., McFadden, C.M., Mueser, K.T., McHugo, G.J., Bond, G.R.

Title: **Review of Integrated Mental Health and Substance Abuse Treatment for Patients with Dual Disorders.**

Source: Schizophrenia Bulletin 24(4): 589-608, 1998. (Journal Article: 20 pages)

Abstract: This article reviews 36 research studies on the effectiveness of integrated treatments for dually diagnosed patients. Studies of adding dual-disorders groups to traditional services, studies of intensive integrated treatments in controlled settings, and studies of demonstration projects have yielded disappointing results. However, 10 recent studies of comprehensive, integrated outpatient treatment programs provide encouraging evidence of the programs' potential to engage dually diagnosed patients in services and to help them reduce substance abuse and attain remission. Outcome related to hospital use, psychiatric symptoms, and other domains remain less consistent. Several program features appear to be associated with effectiveness: assertive outreach, case management, and a longitudinal, stage-wise, motivational approach to substance abuse treatment (authors).

Order #: **12941**

Authors: Drebing, C., Rosenheck, R., Schutt, R., Kasprow, W., Penk, W.

Title: **Patterns in Referral and Admission to Vocational Rehabilitation Associated with Coexisting Psychiatric and Substance-Use Disorders.**

Source: Rehabilitation Counseling Bulletin 47(1): 15-23, 2003. (Journal Article: 9 pages)

Abstract: In this article, archival data from 17,929 homeless adults entering the Veterans Health Administration's Healthcare for Homeless Veterans program were analyzed to identify whether the rate of referral and admission to vocational rehabilitation differed between adults with psychiatric disorders alone and those with psychiatric disorders with a coexisting substance-use disorder (SUD). According to the authors, participants with an SUD had an eleven percent greater chance of being referred to vocational rehabilitation than did those with a psychiatric disorder alone. The article also states that of the participants referred to vocational rehabilitation, those with an SUD were almost twice as likely to participate. Those with an SUD also had a higher rate of employment prior to evaluation than did those with a psychiatric disorder alone. The authors assert that these advantages were significant after covarying for demographic variables, specific psychiatric diagnosis, and Addiction Severity Index psychiatric composite score. The authors conclude that these findings fail to support the hypothesis that there is a bias in the process of referral or admission into vocational rehabilitation and suggests that work and participation in work rehabilitation are not negatively affected by a coexisting SUD (authors).

Order #: **12005**

Authors: Dyches, H., Biegel, D.E., Johnsen, J.A., Guo, S., Min., M.O.

Title: **The Impact of Mobile Crisis Services on the Use of Community-Based Mental Health Services.**

Source: Research on Social Work Practice 12(6): 731-751, 2002. (Journal Article: 21 pages)

Abstract: This article discusses a study designed to examine the impact of community-based mobile crisis services on postcrisis community-based mental health service use and user characteristics related to likelihood of postcrisis service use. The authors found that a mobile crisis intervention consumer was 17% more likely to receive community-based mental health services within 90 days after the crisis event. Controlling for prior service use, mobile crisis intervention consumers with no prior mental health services within 90 days after the crisis event than a consumer from the hospital-based intervention cohort. Consumers more likely to use postcrisis services were African American, homeless, experiencing acute problems, previous mental health service users, and severely mentally disabled. Implications for social work practice are discussed (authors).

Order #: **13315**

Authors: Eiken, S., Galantowicz, S.

Title: **Improving Medicaid Access for People Experiencing Chronic Homelessness: State Examples.**

Source: Baltimore, MD: Centers for Medicare and Medicaid Services, 2004. (Report: 20 pages)

Abstract: This technical assistance report is designed to highlight several state initiatives that increase Medicaid access for people who are chronically homeless. An important component of ending chronic homelessness is increasing access to mainstream health and social service programs for people who are homeless. Many people experiencing chronic homelessness use health and social services, particularly from service agencies that target people who are homeless. Their lack of stable housing and other barriers hinder their access to these programs. These mainstream programs can increase ongoing support for people who are chronically homeless, which may reduce the demand for costly and inappropriate services such as emergency department visits and preventable hospitalizations (authors).

Available From: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244, (877) 267-2323, www.cms.hhs.gov/medicaid/homeless/homeless32904.pdf

Order #: **8630**

Authors: Ellison, M.L., Danley, K.S., Bromberg, C., Palmer-Erbs, V.

Title: **Longitudinal Outcome of Young Adults Who Participated in a Psychiatric Vocational Rehabilitation Program.**

Source: Psychiatric Rehabilitation Journal 22(4): 337-341, 1999. (Journal Article: 5 pages)

Abstract: A longitudinal study presents the outcomes for participants in a psychiatric rehabilitation program for young adults. Five to nine years after the baseline and end of intervention, participants showed a maintenance of initial gains in vocational and educational status, self-esteem scores, and hospitalization rates. Additional data on work outcomes and quality of life are presented (authors).

Order #: **12529**

Authors: Erickson, J.R., Chong, J., Anderson, C., Stevens,S.

Title: **Service Linkages: Understanding What Fosters and What Deters From Service Coordination for Homeless Adult Drug Users.**

Source: Contemporary Drug Problems 22(2): 343-362, 1995. (Journal Article: 19 pages)

Abstract: This article describes the experience of the staff of the Amity Settlement Services for Education and Transition Program in initiating contact and linking with service providers from community based agencies. The perspective of the staff and providers was chosen to document the day-to-day coordination of services by those persons directly responsible for the care of the homeless adult drug user. From this perspective, the direct-care providers discuss and interpret service linkage issues as these affect their daily work. The problem of service integration at the level of interorganizational fields was not examined in this study (authors).

Order #: **12696**

Authors: Ettner, S., Argeriou, M., Carty, D., Dilonardo, J., Liu, H.

Title: **How Did the Introduction of Managed Care for the Uninsured in Iowa Affect the Use of Substance Abuse Services?**

Source: Journal of Behavioral Health Services and Research 30(1): 26-40, 2003. (Journal Article: 14 pages)

Abstract: In this article, the authors discuss the concerns raised about access under managed care for vulnerable populations such as publicly funded patients with substance abuse problems. According to the article, to estimate the effects of the Iowa Managed Substance Abuse Care Plan (IMSACP) on substance abuse service use by publicly funded patients, service use before and after IMSACP was compared; adjustments were made for changes in population sociodemographic and clinical characteristics. The authors state that between fiscal years 1994 and 1997, patient case mix was marked by a higher burden of illness and the use of inpatient, residential non-detox, outpatient counseling, and assessment services declined, while use of intensive outpatient and residential detox services increased. The authors also state that these findings were similar among women, children, and homeless persons. The article concludes that without knowing the impact on treatment outcomes, these changes cannot be interpreted as improved provider efficiency versus simply cost containment and profit maximization (authors).

Order #: **11729**

Authors: Fakhoury, W., Murray, A., Shepherd, G., Priebe, S.

Title: **Research in Supported Housing.**

Source: Social Psychology and Psychology Epidemiology 37(6): 301-315, 2002. (Journal Article: 15 pages)

Abstract: In this paper, the authors review the conceptual issues related to the provision of supported housing schemes, the characteristics of residents, research methods and outcomes, and the factors influencing the quality of care provided. Results show that functioning can improve, social integration can be facilitated, and residents are generally more satisfied in supported housing compared with conventional hospital care. This paper also discusses the patients' preferences toward low restrictiveness and more independent living arrangements. The authors assert that research in the area of supported housing for psychiatric patients has been neglected, and they make suggestions for further study (authors).

Order #: **1350**

Authors: Federal Task Force on Homelessness and Severe Mental Illness.

Title: **Outcasts on Main Street: Report of the Federal Task Force on Homelessness and Severe Mental Illnes**

Source: Washington, DC: Interagency Council on the Homeless, 1992. (Report: 91 pages)

Abstract: Representatives from all major federal departments whose policies and programs directly affect the homeless population with serious mental illnesses met over an 18-month period and issued this report to the Interagency Council on the Homeless. The authors present a plan of action that they believe reflects a vital first step toward ending homelessness among people with serious mental illness. The report: (1) outlines fundamental principles and the essential components of an integrated and comprehensive system of care for homeless people with serious mental illness; (2) identifies immediate action steps and more long-term systemic measures that federal departments can take to facilitate state and local efforts; (3) proposes new opportunities for states and communities to develop, test, and improve the organization, financing, and delivery of a wide range of essential services for homeless people with severe mental illnesses; and (4) recommends steps that state and local organizations can take to respond more appropriately to the needs of homeless people with serious mental illnesses.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **7533**

Authors: Feins, J.D., Fosburg, L.B., Barron, C., Kay, N., Baker, D.

Title: **Evaluation of the Emergency Shelter Grants Program. Volume II: Site Profiles.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1994. (Report: 230 pages)

Abstract: The focus of the Emergency Shelter Grants Program (ESG) since its inception and incorporation into the McKinney Act has been to help states and localities provide facilities and services to meet the needs of homeless people, sheltering them but at the same time aiding in their transition from temporary shelter to permanent homes. This volume of the evaluation presents profiles of the 15 intensive-study sites, in order to develop a sense of how ESG-supported services and facilities fit into the larger picture of local assistance for homeless individuals and families.

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, http://webstore.huduser.org/catalog/index.php?cPath=2&page=1&sort=3d (COST: $5.00).

Order #: **7532**

Authors: Feins, J.D., Fosburg, L.B., Locke, G.

Title: **Evaluation of the Emergency Shelter Grants Program. Volume I: Findings.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1994. (Report: 227 pages)

Abstract: The focus of the Emergency Shelter Grants Program (ESG) since its inception and incorporation into the McKinney Act has been to help states and localities provide facilities and services to meet the needs of homeless people, sheltering them but at the same time aiding in their transition from temporary shelter to permanent homes. This report presents an analysis of the growth and current status of the ESG, its implementation, its impacts, and recommendations to make the program more effective. The data for these analyses come from the grantee census, grantee surveys, recipient surveys, provider surveys, and site visits. Although short on data on client-level outcomes, the results of this evaluation show positive outcomes for the organizations involved in the ESG, for the facilities they operate, and for the local systems of providing aid to the homeless population.

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, http://webstore.huduser.org/catalog/index.php?cPath=2&page=1&sort=3d (COST: $5.00).

Order #: 7534

Authors: Feins, J.D., Fosburg, L.B., Locke, G.

Title: **Evaluation of the Emergency Shelter Grants Program. Volume III: Technical Appendices.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1994. (Report: 175 pages)

Abstract: The focus of the Emergency Shelter Grants Program (ESG) since its inception and incorporation into the McKinney Act has been to help states and localities provide facilities and services to meet the needs of homeless people, sheltering them but at the same time aiding in their transition from temporary shelter to permanent homes. This volume consists of two appendices. Appendix A contains supplementary tables corresponding to each of the Department of Housing and Urban Development's specific research questions for the evaluation. Appendix B provides detail on the sample design, survey response, and data collection methods used for the evaluation study.

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, http://webstore.huduser.org/catalog/index.php?cPath=2&page=1&sort=3d (COST: $5.00).

Order #: 12700

Authors: Felton, B.

Title: **Innovation and Implementation in Mental Health Services for Homeless Adults: A Case Study.**

Source: Community Mental Health Journal 39(4): 309-322, 2003. (Journal Article: 14 pages)

Abstract: This case study examines a newly implemented evidence-based practice in which an existing agency was invited to move into the neighboring county to introduce its "housing first" practice with seriously mentally ill homeless adults. Using a constructivist methodology to elicit the narratives of key actors and observers about the implementation and its attendant controversy, this study found three issues at the core of actors' experiences: mode of presentation, use of an outside agency and the questioned uniqueness of the new practice. According to the author, barriers rather than facilitators dominated participants' interpretations of events despite significant researcher-observed facilitators (author).

Order #: 7211

Authors: Fosburg, L., Locke, G., Peck, L., Finkel, M.

Title: **National Evaluation of the Shelter Plus Care Program.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1997. (Report: 175 pages)

Abstract: This report presents the results of the National Evaluation of the U.S. Department of Housing and Urban Development's (HUD) Shelter Plus Care Program (S+C), based on the experience of Fiscal Year 92 grantees in using FY 92 and, for some, FY 93 funding. The report gives an overview of S+C and describes program implementation, participant characteristics, supportive services, housing, and program outcomes. The report finds that S+C participants overall have made increases in their participation in services and in employment or volunteer work. A number of recommendations are made for S+C participants and for HUD policy.

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org/publications/hsgspec/shelter.html (COST: $15.00).

Population Characteristics
Section: Service Needs and Effectiveness

Authors: French, M.T., Sacks, S., De Leon, G., Staines, G., McKendrick, K.

Title: **Modified Therapeutic Community for Mentally Ill Chemical Abusers: Outcomes and Costs.**

Source: Evaluation and the Health Professions 22(1): 60-85, 1999. (Journal Article: 26 pages)

Abstract: This article presents outcomes and costs of a modified therapeutic community (TC) intervention for homeless mentally ill chemical abusers (MICAs). Outcomes at follow-up are compared with those for a control group of homeless MICAs receiving standard services in a "treatment as usual" (TAU) condition. Annual economic costs for the modified TC and the average weekly cost of treating a single client are estimated. Treatment and other health service costs at 12 months post-baseline are compared for modified TC and TAU clients. The results of the study indicate that, suitably modified, the TC approach is an effective treatment alternative for homeless MICAs, with the potential to be highly cost-effective relative to standard services (authors).

Authors: Galea, S., Vlahov, D.

Title: **Social Determinants and the Health of Drug Users: Socioeconomic Status, Homelessness, and Incarceration.**

Source: Public Health Reports 117(3): 135-145, 2002. (Journal Article: 10 pages)

Abstract: This article reviews the evidence on the adverse health consequences of low socioeconomic status, homelessness and incarceration among drug users. The authors discuss the effects of availability on resources, access to social welfare systems, marginalization, and compliance with medication have on drug users. Suggestions are made regarding the public health system, and its need to address the social factors that accompany and exacerbate the health consequences of illicit drug use (authors).

Authors: Gonzalez, G., Rosenheck, R.A.

Title: **Outcomes and Service Use Among Homeless Persons with Serious Mental Illness and Substance Abus**

Source: Psychiatric Services 53(4): 437-446, 2002. (Journal Article: 10 pages)

Abstract: This study compared baseline characteristics and clinical improvement after 12 months among homeless persons with a diagnosis of serious mental illness with and without a comorbid substance use disorder. The study subjects were 5,432 homeless persons with mental illness who were participating in the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program. Analysis of covariance was used to compare clients who had dual diagnoses and those who did not and to identify any association between service use and clinical improvement. Homeless persons with dual diagnoses had poorer adjustment on most baseline measures and experienced significantly less clinical improvement than those without dual diagnoses. However, those with dual diagnoses who received extensive substance abuse treatment showed improvement similar to those without at 12 months (authors).

Authors: Gonzalez, M.

Title: **Mental Health Intervention with Hispanic Immigrants: Understanding the Influence of the Client's Worldview, Language and Religion.**

Source: Journal of Immigrant and Refugee Services 1(1): 81-92, 2002. (Journal Article: 11 pages)

Abstract: In this article, the author discusses the underutilization of mental health services by Hispanic immigrants, as well as the obstacles faced by Hispanic immigrants when navigating through the mental health system. This article underscores the importance of understanding the influence of a Hispanic client's worldview, language, and religion on the provision of mental health services. A case vignette is presented as a means of illustrating key conceptual points. Practice principles or conclusions drawn from this article should be used as a general guide by mental health practitioners (author).

Order #: **13088**

Authors: Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S., Fischer, S.

Title: **Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programs.**

Source: Journal of Community and Applied Social Psychology 13(2): 171-186, 2003. (Journal Article: 15 pages)

Abstract: This article compares two approaches to housing chronically homeless individuals with psychiatric disabilities and often substance abuse. The experimental Housing First program offered immediate access to independent housing without requiring psychiatric treatment or sobriety; the control Continuum of Care programs made treatment and sobriety prerequisites for housing. A total of 225 participants were interviewed prior to random assignment and every 6-months thereafter for 2 years. Data were analyzed using repeated measures analysis of variance. Participants randomly assigned to the experimental condition spent significantly less time homeless and in psychiatric hospitals, and incurred fewer costs than controls. A sub-sample recruited from psychiatric hospitals spent less time homeless and more time hospitalized, and incurred more costs than a sub-sample recruited from the streets. Recruitment source by program interactions showed that the experimental program had greater effects on reducing hospitalization for the hospital sub-sample and reducing homelessness for the street sub-sample. Three-way interactions including time indicated that in the experimental group, hospitalization and homelessness declined faster for the hospital and street sub-samples, respectively, than for comparable controls. According to the authors, overall results support the Housing First approach (authors).

Order #: **13084**

Authors: HCH Clinicians' Network.

Title: **A Comprehensive Approach to Substance Abuse and Homelessness.**

Source: Healing Hands 7(5): 1-6, 2003. (Newsletter: 6 pages)

Abstract: In this edition, the authors discuss the issue of substance abuse and homelessness as inextricably intertwined for many individuals. According to the authors, substance use is often both a precipitating factor and a consequence of being homeless. Further, individuals who are homeless rarely have substance use disorders alone. Many have serious mental illnesses, acute and chronic physical health problems, and histories of trauma. They require safe and appropriate housing, multiple interventions, and client-centered care (authors).

Available From: National Health Care for the Homeless Council, HCH Clinicians' Network, P.O. Box 60427, Nashville, TN 37206, www.nhchc.org/Network/HealingHands/2003/hh-1003.pdf.

Order #: **13228**

Authors: Hendricks, S., Helmstetter, C.

Title: **Emergency Shelters, Transitional Housing, and Battered Women's Shelters: Data Collection Project Twelfth Annual Report.**

Source: St. Paul, MN: Wilder Research Center, 2003. (Report: 63 pages)

Abstract: This report focuses on the lack of affordable housing, resulting in the use of shelters and transitional housing. Based on a shared data collection system among shelter programs in Ramsey County, the authors conducted this annual study of usage trends including demographics, reasons leading to use of shelters, length of stay, and repeated stays. The authors state that in 2002, more than 4,000 people used emergency shelters or transitional housing, and over 1,200 women used domestic violence shelters. The authors assert that a lack of affordable housing continues to be a main reason why people use shelters. The report also states that employment/income is also a common factor in seeking shelter (authors).

Available From: Wilder Research Center, 1295 Bandana Boulevard North, Suite 210, St. Paul, MN 55108, (651) 647-4600, www.wilder.org/research/reports/pdf/ramseycounty12thannual%207-03.pdf.

Order #: **12976**

Authors: Heslin, K., Andersen, R., Gelberg, L.

Title: **Use of Faith-Based Social Service Providers in a Representative Sample of Urban Homeless Women.**

Source: Journal of Urban Health: Bulletin of the New York Academy of Medicine 80(3): 371-382, 2003. (Journal Article: 11 pages)

Abstract: There are few quantitative studies on the characteristics of homeless persons who use faith-based social service providers. To help address the lack of information in this area, we analyzed survey data on 974 participants in the University of California at Los Angeles (UCLA) Homeless Women's Health Study, a representative sample of homeless women at shelters and meal programs in Los Angeles County. The primary objective of this analysis was to estimate the association of religious affiliation, race/ethnicity, income, and other client characteristics with the use of faith-based programs. In interviews at 78 homeless shelters and meal programs, study respondents provided information about their religious affiliation and other social and demographic characteristics. The names of the organizations were examined, and those with names that referenced specific religions or contained words connoting religiosity were designated as "faith-based." At the time they were selected for study participation, 52 percent of respondents were using the services of faith-based providers. In multivariate logistic regression analysis, lower odds of using these providers were estimated for participants with no religious affiliation (compared with Christian respondents) and for African Americans and Latinas (compared with whites). There is evidence of systematic differences between the clients of faith-based and secular social service providers. The benefits of increased funding through a federal faith-based policy initiative may accrue primarily to subgroups of clients already using faith-based programs (authors).

Order #: **12897**

Authors: Hicks-Coolick, A., Burnside-Eaton, P., Peters, A.

Title: **Homeless Children: Needs and Services.**

Source: Child and Youth Care Forum 32(4): 197-210, 2003. (Journal Article: 13 pages)

Abstract: This study explored needs of homeless children and shelter services available to them. The first phase of this mixed method study consisted of open-ended interviews of key personnel in six diverse homeless shelters in metropolitan Atlanta, GA. This qualitative data gave direction to the creation of a questionnaire used in a larger follow-up survey of shelters in the state of Georgia. Roughly two-thirds of the 102 reporting shelters that served children provided food, clothing, and school supplies with 40% offering some form of transportation. More than 75% of the shelters were full and did not have space currently available for children, with an additional 10% having only one or two available beds. Most of the shelters lacked important services in the areas of medical and developmental assessments, access to education, childcare, and parent training. Forty-seven percent lacked onsite worker training in the characteristics and needs of homeless children. In addition, while the McKinney Act legally mandates ways to serve homeless children, findings indicate that over half of key informants in homeless shelters were unfamiliar with the law (authors).

Order #: **12356**

Authors: Hinden, B., Biebel, K., Nicholson, J., Henry, A., Stier, L.

Title: **Step Toward Evidence-Based Practices for Parents with Mental Illness and Their Families.**

Source: Rockville, MD: Center for Mental Health Services, 2002. (Report: 68 pages)

Abstract: This report focuses on the data from two studies undertaken by the Center for Mental Health Services (CMHS), in an effort to take steps toward evidence-based practices for parents with mental illness and their families by identifying and systematically describing existing interventions. In the first study, the authors identify programs and conduct in-depth phone interviews with administrators and providers to describe, compare and contrast programs along selected dimensions. In the second study, the authors define explicit logic models with hypothetical links between target populations, practices, processes and outcomes for selected programs, using data obtained in comprehensive site visits. The data from these two studies is used to identify core program components, key ingredients, and relevant outcomes (authors).

Available From: Center for Mental Health Services, 5600 Fishers Lane, Room 17C-02, Rockville, MD 20857, (800) 790-2647, www.mentalhealth.org.

Order #: **12653**

Authors: Hodges, J., Markward, M., Keele, C., Evans, C.

Title: **Use of Self-Help Services and Consumer Satisfaction with Professional Mental Health Services.**

Source: Psychiatric Services 54(8): 1161-1163, 2003. (Journal Article: 3 pages)

Abstract: This article discusses a study done to test the hypothesis that users of mental health self-help services would be more satisfied with professional mental health services than clients who did not use self-help services. According to the article, findings provide support for the idea that the use of self-help services encourage appropriate use of professional services. The authors assert that the study provided evidence that self-help and traditional mental health services can function complementarily with each other (authors).

Order #: **12485**

Authors: Hoffman, M.P.

Title: **Substance Problems Among Homeless Persons in California: An Assessment of Needs (DRAFT).**

Source: Los Angeles, CA: UCLA Drug Abuse Research Center, 1999. (Unpublished Paper: 164 pages)

Abstract: Researchers and service providers alike have become increasingly aware that a significant share of California's homeless population suffers from a substance use disorder. Epidemiological studies indicate that fifty percent of California's homeless population have a current substance use problem. This report is organized into several sections: section one documents the composition of the known homeless population in California; section two details the context of and health needs affecting people who are homeless; section three addresses substance problems among people who are homeless; section four examines interventions for homeless substance abusers; and section five makes recommendations for research, practice, and policy (author).

Authors: Hopson, R.D., Watkins, T.R.

Title: **Current Perspectives on the Homeless Mentally Ill.**

Source: In Watkins, T.R., Callicutt, J.W. (eds.), Mental Health Policy and Practice Today. Thousand Oaks, CA: Sage Publications, Inc., 182-194, 1997. (Book Chapter: 9 pages)

Abstract: This chapter provides a description of homelessness as it exists in the United States, and specifically in one local community in Dallas, TX, and describes the needs of the homeless and their particular characteristics such as mental illness that require special attention. The authors then present a description of a unique treatment approach in the Dallas area where a Community Outreach Coalition was developed. The treatment team members presented themselves as simply being available in the shelters to provide services. The goal of the approach was for the care providers to become part of the community of the shelter and become accepted by the client population as part of their environment. The concept of forming relationships with homeless persons as part of their treatment is discussed, and the authors conclude that through the development of services for this population, approaches that will enable us to serve this population more effectively are being discovered.

Authors: Hurlburt, M.S., Hough, R.L., Wood, P.A.

Title: **Effects of Substance Abuse on Housing Stability of Homeless Mentally Ill Persons in a Supported Housing Program.**

Source: Psychiatric Services 47(7): 731-736, 1996. (Journal Article: 6 pages)

Abstract: This article studies the two-year housing outcomes of a large sample of homeless people who have mental illness, and took part in an experimental investigation of supportive housing. The relationships between housing outcomes and covariates such as gender, psychiatric diagnosis, and substance abuse were of primary focus. Results show that clients with access to Section 8 housing certificates were more likely to achieve independent housing than clients without access to Section 8 certificates, but no differences emerged across traditional and comprehensive case management. Housing stability was strongly mediated by several covariates, especially the presence of problems with drugs or alcohol.

Authors: Hurlburt, M.S., Wood, P.A., Hough, R.L.

Title: **Providing Independent Housing for the Homeless Mentally Ill: A Novel Approach to Evaluating Long-Term Longitudinal Housing Patterns.**

Source: Journal of Community Psychology 24(3): 291-310, 1996. (Journal Article: 56 pages)

Abstract: This paper describes an evaluation of the McKinney Homeless Research Demonstration Project in San Diego, CA, designed to determine if Section 8 certificates increase the likelihood that homeless people with serious mental illness will be able to achieve stable independent living arrangements. Innovative longitudinal summaries of housing outcomes were developed based on clients' patterns of living over time. Results show nine different patterns of living arrangements: 1) stable independent housing; 2) independent housing; 3) stable community housing; 4) community housing; 5) variable housing; 6) episodically institutionalized; 7) consistently institutionalized; 8) unstable housing; and 9) disengaged, meaning too little information was available. In addition, findings show that access to Section 8 housing markedly increased the probability of achieving stable living arrangements and of continued contact with case management services. A subset of clients in all experimental conditions followed less successful housing patterns, indicating the need to develop different service programs for individuals with different needs.

Order #: **12999**

Authors: Hyde, P.S., Falls, K., Morris, J.A., Schoenwald, S.K.

Title: **Turning Knowledge into Practice: A Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices.**

Source: Boston, MA: The Technical Assistance Collaborative, Inc., 2003. (Manual: 127 pages)

Abstract: This manual introduces concepts about evidence-based practices and evidence-based practice to practicing clinicians, behavioral health program leaders, and consumers and families. It is developed to provide information, suggest ways of thinking and getting started, and points to additional resources as evolving evidence-based practices become a routine part of service delivery and management. This manual is meant to be used as a tool to stimulate thinking and to move toward a systemic and sustained process of constantly improving practices (authors).

Available From: The Technical Assistance Collaborative, Inc., 535 Boylston Street, Suite 1301, Boston, MA 02116, (617) 266-5657, www.tacinc.org/cms/admin/cms/_uploads/docs/EBPmanual.pdf.

Order #: **8906**

Authors: Interagency Council on the Homeless.

Title: **Exemplary Practices in Discharge Planning: Working Conference on Discharge Planning Report and Recommendations.**

Source: Washington, DC: Interagency Council on the Homeless, 1997. (Report: 19 pages)

Abstract: The Interagency Council on the Homeless convened a Working Conference on Discharge Planning in June 1997 to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for exemplary discharge planning practice. The statements and recommendations in this report represent the consensus of the Working Conference. They are organized in five categories: roles and responsibilities; elements of an effective discharge plan; collaboration and partnerships; and funding and cost issues. This report is intended to assist states, institutions and facilities, local communities, and the Department of Veteran Affairs to develop and implement effective discharge planning systems and practices.

Order #: **12075**

Authors: Jerrell, J.M., Ridgely, S.

Title: **Gender Differences in the Assessment of Specialized Treatments for Substance Abuse Among People with Severe Mental Illness.**

Source: Journal of Psychoactive Drugs 27(4): 347-355, 1995. (Journal Article: 9 pages)

Abstract: A recent study examined the relative cost-effectiveness of three specialized interventions for treating people with both severe mental illness and substance abuse disorders: behavioral skills training, intensive case management, and 12-step recovery. This article reports the changes in client psychosocial outcomes, psychiatric and substance abuse symptomatology, and service utilization and costs for the 31 women involved in the study, and compares these results to similar data on the men in the study sample and to the existing literature. The results of this study provide some insight into ways of serving dually diagnosed women more effectively in community-based treatment programs and of investigating these service more fruitfully (authors).

Order #: **12402**

Authors: Jones, K.

Title: **Cost-Effectiveness of Critical Time Intervention to Reduce Homelessness Among Persons with Mental Illness.**

Source: Psychiatric Services 54(6):884-890, 2003. (Journal Article: 7 pages)

Abstract: In this article, the authors investigate the cost-effectiveness of the critical time intervention program, a time-limited adaptation of intensive case management, which has been shown to significantly reduce recurrent homelessness among men with severe mental illness. Ninety-six study participants recruited from a psychiatric program in a men's public shelter from 1991-1993 were randomly assigned to the critical time intervention program or to usual services. The authors state that the critical time intervention group experienced significantly fewer homeless nights than the usual care group. The article concludes that the critical time intervention program is not only an effective method to reduce recurrent homelessness among persons with severe mental illness but also represents a cost-effective alternative to the status quo (authors).

Order #: **11872**

Authors: Kashner, T.M., Rosenheck, R., Campinell, A.B., Surtis, A.

Title: **Impact of Work Therapy on Health Status Among Homeless, Substance-Dependent Veterans.**

Source: Archives of General Psychiatry 59(10): 938-944, 2002. (Journal Article: 7 pages)

Abstract: This article examines the effect of the Department of Veterans Affairs compensated work therapy program (CWT) on nonvocational outcomes. With mandatory urine screenings and adherence to addiction treatment schedules, CWT provided work opportunities (wages, hours, and responsibilities) with jobs created from private industry. The authors conclude that work therapy can enhance nonvocational outcomes of addiction treatment for homeless persons, although long-term gains remain unknown (authors).

Order #: **13113**

Authors: Kopelowicz, A., Liberman, R.P.

Title: **Integrating Treatment With Rehabilitation for Persons With Major Mental Illnesses.**

Source: Psychiatric Services 54(11): 1491-1498, 2003. (Journal Article: 8 pages)

Abstract: In this article, the authors explore how psychiatric treatment and rehabilitation are integrated, and how seamless approaches are aimed at restoring persons with major mental disorders to their best possible level of functioning and quality of life. Driven by a thorough assessment, treatment and rehabilitation are keyed to the stage and type of each individual's disorder. The authors give examples of coordinated treatment and rehabilitation, such as pharmacotherapy, supported employment, social skills training, family psychoeducation, assertive community treatment, and integrated programs for persons with dual diagnoses. The authors conclude by proposing seven principles to guide mental health practitioners in their integration of pharmacologic and psychosocial interventions (authors).

Order #: **11452**

Authors: Kushel, M.B., Perry, S., Bangsberg, D., Clark, R., Moss, A.R.

Title: **Emergency Department Use Among the Homeless and Marginally Housed: Results From a Community Based Study.**

Source: American Journal of Public Health 92(5): 778-784, 2002. (Journal Article: 7 pages)

Abstract: This study examined factors associated with emergency department use among homeless and marginally housed persons. Interviews were conducted with 2578 homeless and marginally housed persons, and factors associated with different patterns of emergency department use were assessed in multivariate models. Findings showed that 40.4% of respondents had 1 or more emergency department encounters in the previous year; 7.9% exhibited high rates of use (more than 3 visits) and accounted for 54.5% of all visits. Factors associated with high use rates included less stable housing, victimization, arrests, physical and mental illness, and substance abuse. Predisposing and need factors appeared to drive emergency department use. Efforts to reduce emergency department use among the homeless should be targeted toward addressing underlying risk factors among those exhibiting high rates of use (authors).

Order #:   **6578**

Authors: Lam, J.A., Rosenheck, R.

Title: **Social Support and Service Use Among Homeless Persons with Serious Mental Illnesses.**

Source: International Journal of Social Psychiatry 45(1): 13-28, 1999. (Journal Article: 16 pages)

Abstract: This report examines the relationship between levels of social support and service use among clients entering 18 community treatment programs for homeless individuals with mental illnesses as part of the Center for Mental Health Services Access to Community Care and Effective Services and Support (ACCESS) demonstration project. Baseline assessment data on 1,828 clients entering the ACCESS program were used to evaluate the relationship between individual client characteristics and various measures of social support, and to examine the relationship between levels and types of social support and levels of service use among homeless persons with serious mental illnesses. Results show that social support was lower among older people, males, clients with a history of childhood abuse, clients who have been homeless longer, clients with higher sociopathy scores, those with poorer health status, and clients with a psychotic disorder. Social support, on some measures, was higher among blacks, Hispanics, and clients with a drug abuse problem. The authors conclude that access to social supports is associated with greater use of formal services perhaps because access to these supports reflects higher levels of interpersonal skills (authors).

Order #:   **7733**

Authors: Lam, J.A., Rosenheck, R.

Title: **Street Outreach for Homeless Persons with Serious Mental Illness: Is it Effective?**

Source: Medical Care 37(9): 894-907, 1999. (Journal Article: 14 pages)

Abstract: This study examined data on case management clients who are homeless and have a severe mental illness to determine how those contacted through street outreach differ in their socio-demographic characteristics, service needs, and outcomes from those clients contacted in shelters and other health and social service agencies. As part of the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program, data were obtained from potential clients over the first three years of the program at the time of the first outreach contact (N=11,857), at the time of enrollment in the case management program (N=5,431), and three months after enrollment (N=4,587). Clients contacted at outreach on the street were more likely to be male, older, spent more night literally homeless, were more likely to have psychotic disorders, and took longer to engage in case management. Three month outcome data showed that enrolled clients contacted through street outreach showed improvement equivalent to those enrolled clients contacted in shelters and other service agencies. The authors conclude that street outreach appears to be effective as the clients reached in this way showed improvement equal to that of other clients in most outcome domains (authors).

Order #: **6389**

Authors: Lehman, A.F., Dixon, L.B., Kernan, E., DeForge, B.R.

Title: **A Randomized Trial of Assertive Community Treatment for Homeless Persons with Severe Mental Illness.**

Source: Archives of General Psychiatry 54: 1038-1043, 1997. (Journal Article: 6 pages)

Abstract: The authors describe an experiment which evaluated the effectiveness of an innovative program of Assertive Community Treatment (ACT) team for homeless persons with severe and persistent mental illnesses. One hundred fifty-two homeless persons with serious mental illness were randomized to either the experimental ACT team or to usual community services. Baseline assessments included the Structural Clinical Interview for DSM-III-R (SCID), Quality of Life Interview, Colorado Symptom Index, and the Medical Outcome Study Short Form. All assessments (except the SCID) were repeated at two, six, and 12 month follow-up. ACT patients utilized significantly fewer psychiatric outpatient visits than the comparison subjects. ACT patients also spent significantly more days in stable community housing, and they experienced significantly greater improvements in symptoms, life satisfaction, and perceived health status. The authors conclude that relative to usual community care, the ACT team for homeless persons with serious mental illness shifted the locus of care from crisis-oriented services to on-going outpatient care, and produced better housing, clinical, and life satisfaction outcomes (authors).

Order #: **12171**

Authors: Lewis, J., Payton-Bernard, A., Kane-Willis, K.

Title: **Lakefront SRO Job Training and Placement Evaluation.**

Source: Chicago, IL: Roosevelt University, 2002. (Report: 94 pages)

Abstract: The report is based on an evaluation of Lakefront SRO's experience providing onsite employment services to public housing residents in and around two public housing developments on the south side of Chicago, compared with similar programs at Lakefront's SRO (Single Room Occupancy) buildings. Low staff-to-client ratios and intensive follow-up are the keys to helping clients get and keep jobs. Among the findings highlighted in the report are: interventions that aid in high employment outcomes; using training and employment preparation resources effectively; mental health issues faced by clients; and impact of gender on social service delivery.

Available From: Roosevelt University, 430 South Michigan Avenue, Chicago, IL 60605, (312) 341-3500, www.roosevelt.edu/ima/pdfs/housing-employment.pdf

Order #: **8451**

Authors: Lipton, F.R., Siegel, C., Hannigan, A., Samuels, J., Baker, S.

Title: **Tenure in Supportive Housing for Homeless Persons with Severe Mental Illness.**

Source: Psychiatric Services 51(4): 479-486, 2000. (Journal Article: 8 pages)

Abstract: The study examined the long-term effectiveness of approaches to housing homeless persons with serious mental illness. A total of 2,937 persons placed in high-, moderate-, and low-intensity housing were followed of up to five years. The results showed that homeless persons with serious mental illness can remain in stable housing for periods of up to five years, supporting the premise that long-term residential stability can be enhanced by providing access to safe and affordable supportive housing (authors).

Order #: **11489**

Authors: Massachusetts Housing and Shelter Alliance.

Title: **Essential Tools for Discharge Planning.**

Source: Nashville, TN: National Health Care for the Homeless Council, 2002. (Resource Guide: 250 pages)

Abstract: These materials, developed by the Massachusetts Housing and Shelter Alliance, provide practical models that are replicable in many communities, as well as the major documents on the topic from the national level. Various public and private institutions contribute to homelessness by discharging their wards to the streets or shelters. Ending such practices is an important, current tactic in the struggle to end homelessness itself. The National Health Care for the Homeless Council encourages health care providers and other advocates for people who are homeless to examine the impact of ineffective institutional discharges on homelessness in their own communities and to advocate for policies that will help prevent homelessness. These "Essential Tools for Discharge Planning" will assist in investigating and organizing around these issues (author).

Available From: National Health Care for the Homeless Council, Inc., P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/discharge/discharge_planning_main.htm.

Order #:   **2922**

Authors: Matulef, M.L., Crosse, S.B., Dietz, S.K., VanRyzin, G., Kiser, M.L., Puhl, L.M., Ficke, R.C.

Title: **National Evaluation of the Supportive Housing Demonstration Program: Final Report.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1995. (Report: 100 pages)

Abstract: This report presents results from the national evaluation of the Supportive Housing Demonstration Program (SHDP) administered by the Department of Housing and Urban Development (HUD). The evaluation of SHDP provides strong support for the creation of a flexible block grant to aid the homeless population. SHDP consisted of two distinct initiatives: the Transitional Housing Program for homeless individuals and families and the Permanent Housing Program for homeless persons with disabilities. A comprehensive summary of the many achievements of the program, which was succeeded by the Supportive Housing Program in 1992, are presented.

Available From: HUD USER, P.O. Box 23268, Rockville, MD 20849-6091, (800) 245-2691, www.huduser.org/publications/suppsvcs/shdp.html (COST: $5.00).

Order #:   **2371**

Authors: Mavis, B.E., Humphreys, K., Stoffelmayr, B.E.

Title: **Treatment Needs and Outcomes of Two Subtypes of Homeless Persons Who Abuse Substances.**

Source: Hospital and Community Psychiatry 44(12): 1185-1187, 1993. (Journal Article: 3 pages)

Abstract: This article reviews the development of a clinically useful typology of homeless substance abusers empirically linked to treatment outcomes. Data are reported from a large state-funded follow-up study of clients seeking substance abuse treatment at 50 randomly selected public programs in Michigan. Two distinct groups of homeless substance abusers were identified in the study. The first group was characterized by unemployment and poor financial support. The second group was characterized by higher levels of chemical dependence, low social stability and serious psychological problems, and was therefore less responsive to treatment. The authors contend that by being sensitive to the different subgroups of homeless substance abusers, clinicians can enhance the effectiveness of their treatment programs (authors)

Order #: **13120**

Authors: McCoy, M., Devitt, T., Clay, R., Davis, K., Dincin, J., Pavick, D.,

Title: **Gaining Insight: Who Benefits From Residential, Integrated Treatment for People With Dual Diagnoses?**

Source: Psychiatric Rehabilitation 27(2): 140-150, 2003. (Journal Article: 11 pages)

Abstract: This article examines 18-month outcomes for 38 participants in an urban, residential integrated treatment (IT) program, and whether residents experienced different treatment benefits. Informed by an ACT team approach, the program emphasized harm reduction and motivational interventions. According to the authors, the design is naturalistic, and outcomes are self-comparisons over time reported in the aggregate. Repeated measurements with three standardized scales tracked stage of treatment and extent of alcohol and drug use. The article concludes that outcomes analyses reveal advancements in stage of treatment and significant reductions in use of alcohol and drugs, and that participants also worked more and were hospitalized less (authors).

Order #: **12153**

Authors: McGrew, J.H., Pescosolido, B., Wright, W.

Title: **Case Managers' Perspectives on Critical Ingredients of Assertive Community Treatment and on Its Implementation.**

Source: Psychiatric Services 54(3): 370-376, 2003. (Journal Article: 7 pages)

Abstract: The authors of this article sought to identify case managers' perspectives on the critical ingredients of assertive community treatment (ACT). They did this by asking seventy-three ACT teams, that attended the 1997 ACT Conference, to rate the degree to which 16 clinical activities were beneficial to clients and rated the importance of 27 possible critical ingredients of the ideal team as well as the extent to which each ingredient characterized their team. The findings from this study show that case managers strongly endorsed the team approach as well as medical aspects of assertive community treatment. Despite broad consensus on the critical ingredients of the ideal assertive community treatment team, several important ingredients appear to be consistently underimplemented (authors).

Order #: **11437**

Authors: McGrew, J.H., Wilson, R.G., Bond, G.R.

Title: **An Exploratory Study of What Clients Like Least about Assertive Community Treatment.**

Source: Psychiatric Services 53(6): 761-763, 2002. (Journal Article: 3 pages)

Abstract: This study examines the responses of clients of assertive community treatment programs answered to an open-ended question about what they liked least about assertive community treatment. Of 182 clients, 44 percent reported that they disliked nothing; 21 percent said that they disliked features that are considered to be specific to assertive community treatment, such as home visits, or that have been criticized in the literature, such as intrusiveness; 16 percent said that they were dissatisfied with the under-implementation of elements thought to characterize assertive community treatment, such as frequency of visits; and 19 percent said that they were dissatisfied with general aspects of mental health service delivery, such as an inconvenient office location. Compared with clients of programs with low levels of fidelity to assertive community treatment, clients of high-fidelity programs had fewer complaints about features considered to be specific to assertive community treatment (authors).

Order #: **12558**

Authors: McHugo, G.J., Drake, R.E., Teague, G.B., Xie, H.

Title: **Fidelity to Assertive Community Treatment and Client Outcomes in the New Hampshire Dual Disorder Study.**

Source: Psychiatric Service 50(6): 818-824, 1999. (Journal Article: 7 pages)

Abstract: This study examined the association between fidelity of programs to the assertive community treatment model and client outcomes in dual disorders programs. Assertive community treatment programs in the New Hampshire dual disorders study were classified as low-fidelity programs (three programs) or high-fidelity programs (four programs) based on extensive longitudinal process data. The study included 87 clients with a dual diagnosis of severe mental illness and a comorbid substance use disorders. Sixty-one clients were in the high-fidelity programs, and 26 were in the low-fidelity programs. Client outcomes were examined in the domains of substance abuse, housing, psychiatric symptoms, functional status, and quality of life, based on interviews conducted every six months for three years. The results show that clients in the high-fidelity assertive community treatment programs showed greater reductions in alcohol and drug use and attained higher rates of remission from substance use disorders than clients in the low-fidelity programs. Clients in high-fidelity programs had higher rates of retention in treatment and fewer hospitalization admissions than those in low-fidelity programs. The authors conclude that faithful implementation of, adherence to, the assertive community treatment model for persons with dual disorders was associated with superior outcomes in the substance use domain (authors).

Order #: **12703**

Authors: McLellan, A., Hagan, T., Levine, M., Meyers, K., Gould, F., Bencivengo, M., Durell, J., Jaffe, J.

Title: **Does Clinical Case Management Improve Outpatient Addiction Treatment?**

Source: Drug and Alcohol Dependence 55(1-2): 91-103, 1999. (Journal Article: 12 pages)

Abstract: This project evaluated whether clinical case managers (CCMs) could increase access and utilization of social services in the community; and thereby improve outcomes of addiction treatment. No case management (NoCM) patients received standard, group-based, abstinence-oriented, outpatient drug abuse counseling approximately twice a week. Clinical case management (CCM) patients were treated in the same programs but also were assigned a CCM who provided access to pre-contracted, support services such as drug free housing, medical care, legal referral, and parenting classes from community agencies. CCM patients received more alcohol, medical, employment, and legal services than NoCM patients. The authors conclude that CCM was an effective method of improving outcomes for substance abuse patients in community treatment programs, and that essential elements for successful implementation included extensive training to foster collaboration; and pre-contracting of services to assure availability (authors).

Order #: **10842**

Authors: McMurray-Avila, M.

Title: **Organizing Health Services for Homeless People: A Practical Guide.**

Source: Nashville, TN: National Health Care for the Homeless Council, 2001. (Guide: 358 pages)

Abstract: The purpose of this guidebook is to provide an easy reference for communities or groups interested in starting a health care project to serve people who are homeless, by outlining some basic but necessary steps in the process; to assist current Health Care for the Homeless (HCH) projects that want to improve or expand their services, by offering ideas, resources and contacts; and to describe the rationale for the continuing existence of the HCH program. The book may be read in its entirety or used selectively. Divided into six parts, the book addresses the following topics: overview of homelessness; evolution of the HCH Program; developing a framework; service delivery strategies; organizational tools; and maintaining the gains and increasing the impact.

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org (COST: $20.00).

Order #: **7904**

Authors: McMurray-Avila, M.M., Gelberg, L., Breakey, W.R.

Title: **Balancing Act: Clinical Practices that Respond to the Needs of Homeless People.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 45 pages)

Abstract: This paper describes special adaptations to clinical practice necessary for addressing the most common health problems of homeless individuals and families. A case is made for the integration of primary care, mental health, and substance abuse services as the preferred approach to care for this population, based on the complexity of multiple interrelated health problems that are seen. Homeless people face numerous barriers to access which can be overcome by adaptations to the structure of the delivery system, including extensive outreach, mobile sites and flexibility in policies and procedures. The nature of the homeless condition also calls for special adaptations in the areas of intake and assessment, clinical preventive strategies, diagnosis, follow-up to assure continuity of care, referrals to specialty care, and linkages to other services. Specific adaptations for treatment of physical and mental illnesses are presented. The paper concludes with comments on what still needs to be learned regarding costs and outcomes of care, as well as threats that challenge successful continuation of this work.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **12389**

Authors: McQuistion, H., Finnerty, M., Hirschowitz, J., Susser, E.

Title: **Challenges for Psychiatry in Serving Homeless People with Psychiatric Disorders.**

Source: Psychiatric Services 54(5): 669-676, 2003. (Journal Article: 7 pages)

Abstract: In this article, the authors examine current challenges confronting psychiatry in caring for homeless people with psychiatric disorders. After reviewing how psychiatry has historically addressed homelessness and mental illness, the authors discuss the roles that the profession has developed in working with homeless populations. These roles, which encompass clinical, administrative, academic, and advocacy functions, have evolved as a result of trends both in homelessness services and within the profession of psychiatry. Challenges implicit in this evolution are discussed, including recent trends in homelessness, particularly an increase in prevalence, especially among families and children and some clinical subpopulations. The authors propose that these epidemiological trends are affecting the mental health care need of people who are homeless. According to the authors, to be effective and credible in continuing to help solve the problems of people who are homeless with psychiatric disorders, psychiatry must adapt to these new challenges, using the roles it has developed (authors).

Order #: **11553**

Authors: McQuistion, H.L., Felix, A., Susser, E.S.

Title: **Serving Homeless People With Mental Illness.**

Source: In Tasman, A., Lieberman, J., Kay, J. (eds.), Psychiatry, Second Edition. London, UK: John Wiley & Sons, 2003. (Book Chapter: 23 pages)

Abstract: A broad shift in the American economy away from a manufacturing base combined with related housing shortfalls ushered into the 1980's a social epidemic of homelessness that continues today. It has swept the mentally ill into particular vulnerability and public attention. This chapter reviews the historical evolution of services for people who are homeless with mental illness and describes a resultant model of care, accentuating psychiatry's role (authors).

Available From: John Wiley & Sons, 10475 Crosspoint Boulevard, Indianapolis, IN 46256, (877) 762-2974, www.wiley.com/WileyCDA/WileyTitle/productCd-0471521779.html (ISBN: 0-471-52177-9, COST: $330.00).

Order #: **6839**

Authors: Meisler, S., Blankertz, L., Santos, A., McKay, C.

Title: **Impact of Assertive Community Treatment on Homeless Persons with Co-Occurring Severe Psychiatri and Substance Use Disorders.**

Source: Community Mental Health Journal 33(2): 113-122, 1997. (Journal Article: 10 pages)

Abstract: The authors describe a study that evaluated the impact of an integrated assertive community treatment program on homeless persons with serious mental illness and substance use disorders. High rates of retention in treatment, housing stability, and community tenure were attained, and all but the most severe substance users appeared to gain these benefits. While the intervention appears to be an effective means of retaining in services and monitoring such difficult to treat and costly populations, it did not yield high rates of abstinence and social benefits in severe users (authors).

Order #: **8659**

Authors: Meland, Y., Fromer, D., Kemelman, Z., Barak, Y.

Title: **Working with Mentally Ill Homeless Persons: Should We Respect Their Quest for Anonymity?**

Source: Journal of Medical Ethics 26(3): 175-178, 2000. (Journal Article: 4 pages)

Abstract: In recent years, the homeless population has received much attention as authorities attempt to comprehend this phenomenon and offer solutions. When striving to establish relationships with people who are homeless, many problems arise. Communities encounter this dilemma when respecting the right of the mentally ill to dwell neglected in the streets and simultaneously observe their inability to comprehend provisions such as housing, shelter, medical and mental care which contribute to their human dignity. The polarities of autonomy versus involuntary treatment are highlighted when treating the homeless population. The authors discuss these issues in light of case examples(authors).

Order #: **12740**

Authors: Metraux, S., Marcus, S., Culhane, D.

Title: **The New York-New York Housing Initiative and Use of Public Shelters by Persons with Severe Menta Illness.**

Source: Psychiatric Services 54(1): 67-71, 2003. (Journal Article: 5 pages)

Abstract: This article examines changes in the use of shelters in New York City by mentally ill persons with a history of homelessness who received housing placements through the New York-New York (NY/NY) housing initiative between 1990 and 1999 and the impact of the initiative on the overall demand for shelter beds in the city. The authors assert that heavy users of the shelter system were more likely to be placed in NY/NY housing. The article concludes that providing housing combined with mental health services is an effective approach to reducing shelter among mentally ill persons who have a history of homelessness (authors).

Order #: **11135**

Authors: Minkoff, K.

Title: **Behavioral Health Recovery Management Service Planning Guidelines: Co-Occurring Psychiatric and Substance Disorders.**

Source: Peoria, IL: Behavioral Health Recovery Management Project, 2001. (Guide: 35 pages)

Abstract: This paper presents a set of service planning guidelines based on currently existing best practices models. These best practices need much more study, but they are sufficiently well developed at present that it is possible to use them to formulate coherent practice guidelines for assessment, treatment, and psychopharmacology of individuals with co-occurring disorders. These practice guidelines are outlined in this document. Before delineating the practice guidelines themselves, however, it is important to describe the data-based and consensus-based foundation in the literature that supports them (author).

Available From: Center for Health Care Evaluation, 795 Willow Road (152-MPD), Menlo Park, CA, 94025, (650) 617-2746, www.chce.research.med.va.gov/chce/pdfs/Minkoff.pdf.

Order #: **7903**

Authors: Morse, G.

Title: **A Review of Case Management for People Who Are Homeless: Implications for Practice, Policy, and Research.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 39 pages)

Abstract: This paper first attends to conceptual issues, identifying primary functions and process variables for understanding and describing case management services. The paper next describes models and approaches to case management for various client subgroups and specialty areas. The paper also reviews the empirical literature on homelessness and case management, especially as it relates to treatment effectiveness and critical factors. A number of gaps in the current knowledge of case management are also identified. The final section of the paper presents recommendations on exemplary practices (author).

Order #: **5950**

Authors: Morse, G.A., Calsyn, R.J., Miller, J., Rosenberg, P., West, L., Gilliland, J.

Title: **Outreach to Homeless Mentally Ill People: Conceptual and Clinical Considerations.**

Source: Community Mental Health Journal 32(3): 261-274, 1996. (Journal Article: 14 pages)

Abstract: This article describes a model of outreach predicated on developing a trusting, meaningful relationship between the outreach worker and the homeless person with mental illness. The authors describe five common tasks inherent in this model of outreach (establishing contact and credibility, identifying people with mental illness, engaging clients, conducting assessments and treatment planning, and providing ongoing service). Other issues discussed include: 1) responding to dependency needs and promoting autonomy; 2) setting limits while maintaining flexibility; and 3) dealing with resistance to mental health treatment and follow-up service options (authors).

Order #: **12608**

Authors: Mueser, K., Noordsy, D., Drake, R., Fox, L.

Title: **Integrated Treatment for Dual Disorders: A Guide to Effective Practice.**

Source: New York, NY: The Guilford Press, 2003. (Book: 470 pages)

Abstract: This comprehensive clinical handbook provides virtually everything needed to plan, deliver, and evaluate effective treatment for persons with substance abuse problems and persistent mental illness. From authors at the forefront of the dual disorders field, the book is grounded in decades of influential research. Presented are clear guidelines for developing integrated treatment programs, performing state-of-the-art assessments, and implementing a wide range of individual, group, and family interventions. Also addressed are residential and other housing services, involuntary interventions, vocational rehabilitation, and psychopharmacology for dual disorders. Throughout, the emphasis is on workable ways to combine psychiatric and substance abuse services into a cohesive, unitary system of care. Designed in a convenient large-size format with lay-flat binding for ease of photocopying, the volume contains all needed assessment forms, treatment planning materials, and client handouts, most with permission to reproduce (authors).

Available From: The Guilford Press, 72 Spring Street, New York, NY 10012, (212) 431-9800, www.guilford.com/cgi-bin/cartscript.cgi?page=addictions/mueser.htm&cart_id=549581.782, (ISBN 1-57230-850-8, COST: $42.00).

Order #: **13437**

Authors: National Alliance to End Homelessness, Inc.

Title: **Tools to End Homelessness Among Families: Best Practice. Community Care Grant Program.**

Source: Washington, DC: National Alliance to End Homelessness, Inc., 2003. (Program Description: 4 pages)

Abstract: This program description outlines the history and background, program structure, eligibility, program services, and housing access of the Community Care Grant Program, which helps families access housing without ever entering a homeless shelter program, and offers transitional, intensive case management services to ensure the family stabilizes in housing. Case management, funding and outcomes from 1998-2002, and recommendations are also discussed (authors).

Available From: National Alliance to End Homelessness, Inc.,1518 K Street, NW Suite 206, Washington, DC 20005, (202) 638-1526, www.endhomelessness.org.

Order #: **12348**

Authors: National Head Start Training and Technical Assistance Resource Center.

Title: **Serving Homeless Families: Descriptions, Effective Practices, and Lessons Learned.**

Source: Arlington, VA: National Head Start Training and Technical Assistance Resource Center, 1999. (Report: 38 pages)

Abstract: This report is based on the projects implemented by 16 Head Start grantees to enhance access of homeless families to Head Start services, provide services responsive to the special needs of homeless children and families, identify effective methods of addressing the needs of homeless families, and implement and document replicable strategies for collaboration between Head Start programs and community agencies on behalf of homeless families. Based on the reviews of the projects' final reports, as well as telephone discussions with project administrators, this report provides information on the characteristics of the demonstration projects on families served, critical issues relevant to project implementation, challenges encountered and effective practices with respect to each issue, and key lessons learned (authors).

Available From: Head Start Information and Publication Center, 1133 Fifteenth Street, NW, Suite 450, Washington, DC 20005, (866) 763-6481, www.headstartinfo.org/pdf/Serving_Homeless_Families.pdf.

Order #: **13071**

Authors: National Health Care for the Homeless Council.

Title: **Providing Treatment for Homeless People With Substance Use Disorders: Case Studies of Six Program**

Source: Nashville, TN: National Health Care for the Homeless Council, 2003. (Report: 46 pages)

Abstract: The National Health Care for the Homeless Council conducted a study of programs recognized for providing effective substance abuse treatment for people who are homeless. Council staff visited six of twenty programs nominated by administrators and clinicians in the field. Though each program is unique in its approach, some common themes emerged. Treatment for people who are homeless and have substance use disorders needs to be appropriate, accessible, and effective. Based on the experience of the six programs profiled, these expectations are best met by prioritizing access to appropriate housing and providing comprehensive, well-integrated, client-centered services with uniquely qualified staff (authors).

Available From: National Health Care for the Homeless Council, HCH Clinicians' Network, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/Advocacy/FactSheets/CA05RCaseStudies-FINAL5.pdf.

Order #:   **3337**

Authors: National Institute on Alcohol Abuse and Alcoholism.

Title: **Community Demonstration Grant Projects for Alcohol and Drug Abuse Treatment of Homeless Individuals: Final Evaluation Report, Vol. 1-4.**

Source: Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1992. (Report: 1000 pages)

Abstract: The National Institute on Alcohol Abuse and Alcoholism's (NIAAA) Community Demonstration Program received funding in 1988 through the Stewart B. McKinney Homeless Assistance Act of 1987. This funding was used to support nine community-based grant projects providing services to homeless individuals with alcohol and other drug problems located in eight cities including: Anchorage, AK; Boston, MA; Los Angeles, CA; Louisville, KY; Minneapolis, MN; New York City; Oakland, CA; and two projects in Philadelphia, PA. This four volume report provides an overview of the findings from the national evaluation of this program, demographics on client characteristics, results of the outcome evaluation, case studies of the nine demonstration sites, and descriptions of the specific treatment interventions.

Order #:   **11969**

Authors: National Resource Center on Homelessness and Mental Illness.

Title: **How Can We End Homelessness Among People with Serious Mental Illnesses?**

Source: Delmar, NY: The National Resource Center on Homelessness and Mental Illness, 2003. (Fact Sheet: 2 pages)

Abstract: This fact sheet outlines what services and practices are effective in ending homelessness for people with serious mental illnesses. Encouraging the adoption of evidence-based practices, establishing partnerships with governments and public agencies, and conducting research are suggested.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **12613**

Authors: New York State Office of Mental Health.

Title: **Cultural Competence and Evidence-Based Practices.**

Source: Albany, NY: New York State Office of Mental Health, 2003. (Fact Sheet: 2 pages)

Abstract: Cultural competence is provision of effective and respectful care that is compatible with the cultural health and mental health beliefs, practices and languages of the people receiving services. Cultural Competence activities need to be imbedded within all stages of development, implementation and evaluation of evidence-based practices. Readiness for implementation needs to include skill development and policy guidance to ensure clinical and administrative practices are responsive to the diversity of the population served. Assessment of systems and providers needs to evaluate effectiveness of evidence-based practices across cultures and continue to build the evidence base for strategies demonstrated to be effective for everyone receiving the service (authors).

Available From: Cathy Cave, Cultural Competence Coordinator, New York State Office of Mental Health, 44 Holland Avenue, Albany, NY 12229, (518) 408-2026, ccave@omh.state.ny.us, www.omh.state.ny.us/omhweb/ebp/culturalcompetence.htm

Order #: **7171**

Authors: Nuttbrock, L., Rahav, M., Rivera, J., Ng-Mak, D., Link, B.

Title: **Outcomes of Homeless Mentally Ill Chemical Abusers in Community Residences and a Therapeutic Community.**

Source: Psychiatric Services 49(1): 68-76, 1998. (Journal Article: 9 pages)

Abstract: The feasibility and effectiveness of treating homeless mentally ill chemical abusers in community residences compared with a therapeutic community were evaluated. A total of 694 homeless mentally ill chemical abusers were randomly referred to two community residences or a therapeutic community. All programs were enhanced to treat persons with dual diagnoses. Subjects' attrition, substance use, and psychopathology were measured at two, six, and 12 months. Forty-two percent of the 694 referred subjects were admitted to their assigned program and showed up for treatment, and 13% completed 12 months or more. Clients retained at both types of program showed reductions in substance use and psychopathology, but reductions were greater at the therapeutic community. Compared with subjects in the community residences, those in the therapeutic community were more likely to be drug-free, and showed greater improvement in psychiatric symptoms. The authors conclude that homeless mentally ill chemical abusers who are retained in community-based residential programs, especially in therapeutic communities, can be successfully treated (authors).

Order #: **6387**

Authors: Oakley, D.A., Dennis, D.L.

Title: **Responding to the Needs of Homeless People with Alcohol, Drug, and/or Mental Disorders.**

Source: In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 179-186, 1996. (Book Chapter: 8 pages)

Abstract: The authors explain why homeless people with alcohol, drug, and/or mental disorders are often excluded from programs that assist homeless people. Service and policy implications are examined including: the importance of outreach and engagement; using case management to negotiate systems of care; offering a range of supportive housing options; responding to consumer preferences; providing mental health and substance abuse treatment; the need for harm reduction approaches to substance abuse; the importance of meaningful daily activity; providing culturally competent care; and putting the need for involuntary treatment in perspective. The authors contend that reaching homeless people with serious mental illnesses, substance use disorders, or co-occurring disorders depends on integrating existing services and entitlements more effectively.

Available From: The Oryx Press at Greenwood Publishing Group, 88 Post Road West, Box 5007, Westport, CT 06881, (203) 226-3571, http://info.greenwood.com.

Order #: **12360**

Authors: O'Hare, T.

Title: **Evidence-Based Social Work Practice with Mentally Ill Persons Who Abuse Alcohol and other Drugs.**

Source: Social Work in Mental Health 1(1): 43-62, 2002. (Journal Article: 20 pages)

Abstract: This article outlines a comprehensive approach to evidence-based social work practice, and applies it to persons with severe and persistent mental illness who also abuse alcohol and other drugs. Representative empirical literature is summarized within a framework that delineates the three major functions of evidence-based social work practice: assessment, intervention and evaluation. The implications of this integrated evidence-based strategy for social work practice are discussed (author).

Order #: **11619**

Authors: Ortega A.N., Rosenheck R.

Title: **Hispanic Client-Case Manager Matching: Differences in Outcomes and Service Use in a Program for Homeless Persons with Severe Mental Illness.**

Source: Journal of Nervous and Mental Disease 190(5):315-323, 2002. (Journal Article: 9 pages)

Abstract: This study examined the effects of client-case manager ethnic and racial matching among white and Hispanic clients who received assertive community treatment in the Access to Community Care and Effective Services and Supports Program (ACCESS). Mental health professionals have responded to ethnic and racial disparities in mental health care by advocating increasing cultural relevancy in treatment. A central component of cultural relevancy is ethnic and racial pairing of clients and providers. Twelve-month outcomes and service use were examined among 242 Hispanic and 2333 white clients seen in the first 3 years of the program. Analysis of covariance was used to evaluate the association of client-case manager ethnic and racial matching with changes in health status and service use from baseline to 12 months after program entry. At baseline, Hispanics had more serious problems than whites on several measures of psychiatric and substance abuse domains, and they also showed less improvement than whites over the next year on several measures of psychiatric status and service use. One significant association with ethnic matching was found: when treated by a Hispanic clinician, Hispanic clients showed less improvement in symptoms of psychosis. These results do not support the hypothesis that ethnic and racial matching improves outcomes or service use. Several explanations are offered for the results (authors).

Order #: **8483**

Authors: Orwin, R.G., Mogren, R.G., Jacobs, M.L., Sonnefeld, L.J.

Title: **Retention of Homeless Clients in Substance Abuse Treatment: Findings from the National Institute of Alcohol Abuse and Alcoholism Cooperative Agreement Program.**

Source: Journal of Substance Abuse Treatment 17(1-2): 45-66, 1999. (Journal Article: 22 pages)

Abstract: A National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program offered the first opportunity to systematically study program retention in a multisite study of interventions for homeless persons with alcohol and other drug problems. This article presents results from analyses conducted across 15 interventions and implemented at eight Cooperative Agreement sites. Key findings were: 1) retention problems with homeless clients are as or more pervasive than in the general addicted population; 2) the provision of housing increases retention, but the increases tend to be nullified when the housing is bundled with high-intensity services; 3) homeless clients leave treatment programs for a multitude of reasons; and 4) midcourse corrections to increase retention are frequently successful. The discussion focuses on service components related to retention, the importance of attention to phase transitions, and the importance of being programmatically responsive when serving this population (authors).

Order #:   **7633**

Authors: Orwin, R.G., Sonnefeld, L.J., Jacobs, M.L., Oram, S., Garrison-Mogren, R., Blasinsky, M., Cordray, D.S., Pion, G., Perl, H.I.

Title: **Cross-Site Synthesis of Intervention Designs and Implementation Analyses from the NIAAA Cooperative Agreement Program for Homeless Persons with Alcohol and Other Drug Problems.**

Source: New York, NY: Presented at the American Psychological Association Annual Meeting, 1995. (Presentation: 102 pages)

Abstract: This paper presents a cross-site synthesis of intervention designs and implementation analyses from the national evaluation of the National Institute on Alcohol Abuse and Alcoholism's Cooperative Agreements for Research Demonstration Projects on Alcohol and Other Drug Abuse Treatment for Homeless Persons. It represents the first phase of the national evaluation's analyses and findings; subsequent phases include cross-site syntheses of participation retention and outcome data, respectively. The paper includes sections on the methods of the study, an overview of proposed projects, implementation problems and attempted solutions, synthesis of participant-level services data, and the accuracy of the implementation compared to the proposed intervention.

Order #:   **12497**

Authors: Penn, P.E., Brooks, A.J., Worsham, B.D.

Title: **Treatment Concerns of Women with Co-Occurring Serious Mental Illness and Substance Abuse Disorders.**

Source: Journal of Psychoactive Drugs 34(4): 355-362, 2002. (Journal Article: 13 pages)

Abstract: This article discusses the treatment concerns of women with dual diagnosis. A focus group was conducted with seven women as part of a larger study of effective treatments for adults with co-occurring disorders. Women responded to questions about what worked and what did not work in their past treatment experiences and what needs to be added for effective treatment. Five primary themes emerged: negative treatment experiences, negative system experiences, desirable treatment characteristics, therapeutic client characteristics, and life issues affecting treatment engagement. Two of the main treatment recommendations that emerged were the need for advocacy assistance with child protective service agencies and the need for providers to use client-centered treatment methods (authors).

Order #:   **12024**

Authors: Phillips, S.D., Burns, B.J., Edgar, E.R., Mueser, K.T., Linkins, K.W., Rosenheck, R.A., Drake, R.E., McDonel Herr, E.C.

Title: **Moving Assertive Community Treatment Into Standard Practice.**

Source: Psychiatric Services 52: 771-779, 2002. (Journal Article: 9 pages)

Abstract: This article describes the assertive community treatment model of comprehensive community-based psychiatric care for persons with severe mental illness and discusses issues pertaining to implementation of the model. The assertive community treatment model has been the subject of more than 25 randomized controlled trials. Research has shown that this type of program is effective in reducing hospitalization, is more expensive than traditional care, and is more satisfactory to consumers and their families than standard care. Despite evidence of the efficacy of assertive community treatment, it is not uniformly available to the individuals who might benefit from it (authors).

Order #: **6602**

Authors: Pollio, D.E., North, C.S., Thompson, S., Paquin, J.W., Spitznagel, E.L.

Title: **Predictors of Achieving Stable Housing in a Mentally Ill Homeless Population.**

Source: Psychiatric Services 48(4): 528-530, 1997. (Journal Article: 3 pages)

Abstract: This article describes a study in which relationships among demographic characteristics, diagnostic groups, presenting problems, and service use were examined in St. Louis, Mo. The study focused on two groups of people who have mental illness: a group of 60 formerly homeless persons who had been housed for at least 24 months, and a group of 60 persons who remained homeless. Use of eight types of services over a 26-month period was examined. Individuals whose primary presenting problem was subsistence needs were more likely to be housed than those whose primary problem was mental illness or substance abuse. Those with a diagnosis of personality disorder used fewer services. Housed individuals were more likely to use services than those who were homeless (authors).

Order #: **8776**

Authors: Pollio, D.E., Spitznagel, E.L., North, C.S., Thompson, S., Foster, D.A.

Title: **Service Use Over Time and Achievement of Stable Housing in a Mentally Ill Homeless Population.**

Source: Psychiatric Services 51(12): 1536-1543, 2000. (Journal Article: 8 pages)

Abstract: This article examines service use among clients of a multiservice agency serving homeless persons with severe mental illnesses to determine whether patterns of service use reflected two stages in an adaptation of the transtheoretical model of change. It was hypothesized that rates of service use would be highest immediately after clients obtained housing and would decrease in the months afterward, with the greatest decreases occurring immediately after housing was obtained. Service use data were collected for two groups: a housed group of 58 clients who had obtained and sustained stable housing for at least 24 consecutive months at the time of sampling and an unhoused group of 55 clients who were matched with the housed clients on month of service entry. Total service use and use of three service types--a drop-in center, counseling, and health services--were examined to test the hypotheses. It was hypothesized that use of services by the unhoused group would show a consistent linear decline rather than a two-stage decline. The two-stage solution significantly modeled the patterns of service use by the housed but not the unhoused clients, supporting the hypotheses. For the housed group, use of the drop-in center and counseling fit the model, and use of health services did not. The results provide limited support for the hypothesized five-stage model for achieving change (authors).

Order #: **12203**

Authors: Potter, M.

Title: **Older Homeless Sexual Minorities: Preliminary Data and Program Evaluation (DRAFT).**

Source: Seattle, WA: University of Washington, 1997. (Unpublished Paper: 25 pages)

Abstract: This study reviews a project providing outreach, engagement, and services for older, homeless sexual minorities, a group about which little is known. Stemming from the author's involvement as a mental health practitioner at a shelter for men over 50, nine clients are identified for assessment and services. Data collected during this process is presented, including one case study. A case for sexual minority specific case management is made and a reduction in client needs at assessment versus needs after case management of 75% is demonstrated. Further results show an incidence of mental illness among participants of 89%, substance abuse of 45% and medical complaints of 89%. Causes of homelessness and contributing factors of sexual minority status are also explored (author).

Available From: Marc Potter, MSW, Health Care for the Homeless Downtown Emergency Service Center, 507 Third Avenue, Box 359945, Seattle, WA 98104, (206) 464-1570, marcp@u.washington.edu.

Order #: **8673**

Authors: Proscio, T.

Title: **Supportive Housing and Its Impact on the Public Health Crisis of Homelessness.**

Source: New York, NY: Corporation for Supportive Housing, 2000. (Report: 40 pages)

Abstract: This report examines the interim results of research done between 1996 and 2000 on more than 250 formerly homeless people living in a supportive housing program at the Canon Kip Community House and the Lyric Hotel in San Francisco as part of the Health, Housing, and Integrated Services Network (HHISN). The report indicates that within 12 months of moving into supportive housing use of emergency rooms dropped by 58%, use of hospital inpatient beds dropped by 57% with a further 20% decline the following year, and use of residential mental health programs virtually disappeared.

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, www.csh.org/html/supportiveimpact-final.pdf.

Order #: **12546**

Authors: Rew, L.

Title: **Characteristics and Health Care Needs of Homeless Adolescents.**

Source: Nursing Clinics of North America 37(3): 423-431, 2002. (Journal Article: 8 pages)

Abstract: This article discusses the significant and growing number of adolescents who separate early from their families and become homeless. These youths are heterogeneous in terms of gender, race, ethnicity, and socioeconomic status, but the majority come from families that have been disruptive or dysfunctional in some way. Homeless adolescents are vulnerable to a variety of physical and psychological problems related not only to their family histories but to the stressful environments in which they try to survive. Although numerous federal, state, and local programs have been developed to meet their needs for shelter, health care, and education, much remains to be done to ensure their healthy development and to prepare them for responsible life in the larger society (author).

Order #: **12639**

Authors: Rogler, L., Malgady, R., Costantino, G., Blumenthal, R.

Title: **What Do Culturally Sensitive Mental Health Services Mean? The Case of Hispanic Americans.**

Source: American Psychologist 42(6) :565-570, 1987. (Journal Article: 6 pages)

Abstract: In this article, the authors raise a fundamental question as to how the relationship between culture and therapy is conceived: Must the content of all culturally sensitive therapies stand in isomorphic, mirror-like relationship to the client's culture? The article discusses the research seeking to evaluate a culturally sensitive therapy modality for children, and examines this question, inviting more appropriate formulations relating culture to therapy. Three approaches to cultural sensitivity are discussed, including developing a culturally sensitive modality with children, modifying treatments to fit Hispanic culture, and increased accessibility to treatments (authors).

Order #: **11079**

Authors: Rosen, J., Hoey, R., Steed, T.

Title: **Food Stamps and SSI Benefits: Removing Access Barriers for Homeless People.**

Source: Journal of Poverty Law and Policy (March-April): 679-696, 2001. (Journal Article: 18 pages)

Abstract: This article reviews the SSI program and the Food Stamp Program, identifies potential access barriers, and discusses strategies for removing those barriers. Being extremely poor, people who are homeless should be eligible for a variety of public benefit programs. Both of these programs provide assistance that can make a real difference in the lives of people who are homeless, and can provide a means out of homelessness. However, people who are homeless are often unable to meet residency and address requirements. Documents may not be available and information may not be readily verifiable, posing another type of potentially insurmountable barrier. Further, the lack of a permanent address may make compliance with application processes difficult or impossible. Advocates can use provisions in current law to overcome at least some of these barriers.

Order #: **7855**

Authors: Rosenheck, R., Frisman, L., Kasprow, W.

Title: **Improving Access to Disability Benefits Among Homeless Persons with Mental Illness: An Agency-Specific Approach to Services Integration.**

Source: American Journal of Public Health 89(4): 524-528, 1999. (Journal Article: 5 pages)

Abstract: This article presents the results of a special initiative designed to improve access to Social Security benefits, including both Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), among homeless mentally ill veterans participating in the Department of Veterans Affairs (VA) Health Care for Homeless Veterans (HCHV) program. In the initiative, both a Social Security Claims Representative and a state Disability Determination Analyst were co-located with HCHV clinical teams to facilitate applications for Social Security benefits. The project has three objectives: (1) to increase applications for SSI and SSDI among entitled veterans; (2) to increase awards for disability benefits; and (3) to increase the proportion of timely decisions.

Order #: **7857**

Authors: Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Johnsen, M., Goldman, H., Randolph, F., Blasinsky, M., Fontana, A., Calsyn, R., Teague, G.

Title: **Service System Integration, Access to Services, and Housing Outcomes in a Program for Homeless Persons with Severe Mental Illness.**

Source: American Journal of Public Health 88(11): 1610-1615, 1998. (Journal Article: 6 pages)

Abstract: This article examines the hypothesis that greater integration and coordination between agencies within service systems is associated with greater accessibility of services and improved client housing outcomes. As part of the Access to Community Care and Effective Services and Supports (ACCESS) program, data were obtained on baseline client characteristics, service use, and three- and 12-month outcomes. Data on interorganizational relationships were obtained from structured interviews with key informants from relevant organizations in each community. Complete follow-up data were obtained from 1,340 clients. Service system integration was associated with superior housing outcomes at 12 months, and this relationship was mediated through greater access to housing agencies. The authors conclude that system integration is related to improved access to housing services and better housing outcomes among homeless people with mental illness (authors).

Order #: **10137**

Authors: Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Stolar, M., Johnsen, M., Randolph, F., Blasinsky, M., Goldman, H.

Title: **Service Delivery and Community: Social Capital, Service Systems Integration, and Outcomes Among Homeless Persons with Severe Mental Illness.**

Source: Health Services Research 36(4): 691-709, 2001. (Journal Article: 20 pages)

Abstract: This study evaluated the influence of features of community social environment and service system integration on service use, housing, and clinical outcomes among people who are homeless with serious mental illness. Conclusions were drawn that community social capital and service system integration are related through a series of direct and indirect pathways with better housing outcomes, but not with superior clinical outcomes for homeless people with mental illness. Implications for designing improved service systems are discussed (authors).

Order #: **10548**

Authors: Rosenheck, R.A., Dennis, D.

Title: **Time-Limited Assertive Community Treatment for Homeless Persons With Severe Mental Illness.**

Source: Archives of General Psychiatry 58(11): 1073-1080, 2001. (Journal Article: 8 pages)

Abstract: The assertive community treatment (ACT) model for people with severe mental illness was originally designed to be provided continuously without termination. This study evaluated postdischarge changes in health status and service use associated with the time-limited provision of ACT to people who are homeless with severe mental illness. The study concluded that clients who are homeless with severe mental illness can be selectively discharged or transferred from ACT to other services without subsequent loss of gains in mental health status, substance abuse, housing, or employment (authors).

Order #: **11423**

Authors: Rowe, M., Fisk, D., Frey, J., Davidson, L.

Title: **Engaging Persons with Substance Use Disorders: Lessons from Homeless Outreach.**

Source: Administration and Policy in Mental Health 29(3): 263-273, 2002. (Journal Article: 10 pages)

Abstract: This article examines two questions: how can assertive mental health outreach be adapted to work effectively with persons who have only substance abuse addictions, and how can outreach teams make a successful transition from working with one categorical group to inclusion of another group without losing focus or helping one group at the expense of the other. The authors provide an overview of assertive outreach and the lessons learned over the past decades of outreach experience. Issues relating to practice issues which are primarily responsible for bringing individuals with substance use disorder into the foreground of public policy and social service debates are discussed as well. The article is concluded with a review of useful outreach and engagement strategies (authors).

Order #: **11113**

Authors: Salize, H.J., Horst, A., Dillmann-Lange, C., Killmann, U., Stern, G., Wolf, I., Henn, F., Rossler, W.

Title: **Needs for Mental Health Care and Service Provision for Single Homeless People.**

Source: Social Psychiatry and Psychiatric Epidemiology 36(4): 207-216, 2001. (Journal Article: 10 pages)

Abstract: This article describes a study developed to address specific problems in sampling methodology, case-finding strategies, and standardized needs assessment in people who are homeless with mental illness; all of which have contributed to their being neglected as a mental health care clientele. Results of this study suggest that the traditional shelter system for people who are homeless carries most of the mental health care burden for their clientele and must be supported by adequate interventions from community-based mental health care services. A closer connection of both sectors and a better coordination of the care offers seems to be a prerequisite for helping to reduce unmet mental health care needs in this specific high-risk group (authors).

Order #:   8828

Authors: Schumacher, J.E., Milby, J.B., Engle, M., Raczynski, J.M., Michael, M.

Title: **Linking Practice and Science in the Substance Abuse Treatment of Homeless Persons.**

Source: Journal of Applied Behavioral Science 36(3): 297-313, 2000. (Journal Article: 17 pages)

Abstract: This article describes the collaboration between a university and a community health care agency in substance abuse treatment for homeless persons. The Homeless I Project represents the successful linking of practice and science in the development, delivery, and evaluation of innovative interventions for substance abuse and homelessness in a community setting. Positive outcomes of the collaboration included productive research and service delivery components, important project and community linkages, national research and service delivery linkages, service enhancements, development of an innovative abstinent-contingent work therapy and housing program; significant participation rates, and continued practice and research. Obstacles and solutions relating to integrating science and practice, overcoming community resistance, and maintaining linkages are presented (authors).

Order #:   13306

Authors: Schutt, R.K., Hough, R.L., Goldfinger, S.M., Lehman, A.F., Shern, D., Valencia, E., Wood, P.

Title: **Predicting Housing Loss Among Mentally Ill Persons: A Multi-city Experimental Study.**

Source: Boston, MA: University of Massachusetts Boston, 1998. (Unpublished Paper: 38 pages)

Abstract: This paper focuses on factors affecting the risk of experiencing homelessness among single adults with mental illnesses. The risk of experiencing homelessness is a product of both individual and structural factors. Housing affordability, social and health service availability, as well as economic dislocation and other structural factors cause variation in homelessness over time and between areas. Substance abuse, mental illness and other personal factors influence the likelihood that specific individuals will experience homelessness in specific environments. Simultaneous variation and reciprocal causation limit the ability of most research on homelessness to identify the relative importance of these factors. This paper combines data from five parallel studies designed to test the effectiveness of housing and service interventions for persons with severe mental illness who are homeless (authors).

Available From: Russell K. Schutt, Ph.D., Professor of Sociology and Director, Graduate Program in Applied Sociology, University of Massachusetts Boston, 100 Morrissey Blvd., Boston, MA 02125, (617) 287-6253, www.faculty.umb.edu/russell_schutt

Order #:   10728

Authors: Shaheen, G., Williams, F., Dennis, D. (eds).

Title: **Work as a Priority: A Resource for Employing People Who Have a Serious Mental Illness and Who Are Homeless.**

Source: Rockville, MD: Center for Mental Health Services, Homeless Programs Branch, 2003. (Resource Guide: 78 pages)

Abstract: This guidebook is intended to provide a foundation, both conceptually and in practice, to increase employment among people who are homeless and have serious mental illness. Topics covered in the guidebook include: background information on what we know so far about employment for people who are homeless and have serious mental illnesses; an orientation to the principles of recovery; summaries of various employment models and approaches developed for people with psychiatric disabilities; personal, program, and system-level challenges to employment for people who are homeless with a serious mental illnesses; and examples from throughout the country of programs that have elevated work to a priority in their agencies as well as key factors to consider when developing employment services for people with serious mental illnesses who are homeless. An overview of employment-related services available through the state Vocational Rehabilitation system, and the implications of right to work legislation for employment of people with disabilities is also presented.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov/pdfs/WorkPriority.pdf.

Order #:   **6181**

Authors: Shern, D., Felton, C., Hough, R., Lehman, A., Goldfinger, S., Valencia, E., Dennis, D., Straw, R., Wood, P.A.

Title: **Housing Outcomes for Homeless Adults With Mental Illness: Results from the Second-Round McKinney Program.**

Source: Psychiatric Services 48(2): 239-241, 1997. (Journal Article: 3 pages)

Abstract: In the early 1990's the National Institute of Mental Health sponsored projects in four cities that served a total of 896 homeless mentally ill adults. Each project tested the effectiveness of different housing, support, and rehabilitative services in reducing homelessness. Most homeless individuals resided in community housing after the intervention. The proportion in community housing varied between sites. A 47.5% increase in community housing was found for those in active treatment. At final follow-up, 78% of participants in community housing were stably housed. The findings indicate that effective strategies are available for offering serious and housing to people who are homeless and have severe mental illness.

Order #:   **8744**

Authors: Shern, D.L., Tsemberis, S., Anthony, W., Lovell, A.M., Richmond, L., Felton, C.J., Winarski, J., Cohen, M.

Title: **Serving Street-Dwelling Individuals with Psychiatric Disabilities: Outcomes of a Psychiatric Rehabilitation Clinical Trial.**

Source: American Journal of Public Health 90(12): 1873-1878, 2000. (Journal Article: 6 pages)

Abstract: This study tested a psychiatric rehabilitation approach for organizing and delivering services to street-dwelling persons with severe mental illness. Street-dwelling persons with severe mental illness were randomly assigned to the experimental program (called Choices) or to standard treatment in New York City. Participants were assessed at baseline and at six-month intervals over 24 months, using measures of service use, quality of life, health, mental health, and social psychological status. Compared with persons in standard treatment (n=77), members of the experimental group (n=91) were more likely to attend a day program (53% vs 27%), had less difficulty in meeting their basic needs, spent less time on the streets (55% vs 28% reduction), and spent more time in community housing (21% vs 9% increase). They showed greater improvement in life satisfaction and experienced a greater reduction in psychiatric symptoms. The authors concluded that with an appropriate service model, it is possible to engage disaffiliated populations, expand their use of human services, and improve their housing conditions, quality of life, and mental health status (authors).

Order #:   **12615**

Authors: Siegel, C., Haugland, G.

Title: **The Convergence Between Cultural Competency and Evidence-Based Practice.**

Source: Baltimore, MD: National Association of State Mental Health Program Directors Research Institute, 2003. (Presentation: 20 pages)

Abstract: This paper indicates that both national and state mental health agencies are promoting the dissemination and implementation of evidence-based practices into the service delivery community. The authors question whether evidence-based practices can be expected to work in environments in which issues related to cultural diversity have not yet been addressed. The authors state that Cultural Competency (CC) has been posited as a mechanism to reduce the mental health disparities associated with race, ethnicity and language. Service delivery entities in which CC has been implemented will be aware of the need to evaluate the suitability of an evidence-based practice to the cultural groups it serves, and if deemed suitable, to adapt these practices for these groups. Fidelity to the models of evidence-based practice needs to be measured in terms of these adaptations, and appraisals of success of these practices need to include culture specific outcomes. The implementation of evidence-based practices should walk hand in hand with the adoption of CC into a service delivery entity (authors).

Available From: National Association of State Mental Health Program Directors Research Institute, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nri-inc.org/conference/Conf03/siegel,haughland.ppt.

Order #: **11778**

Authors: Slagg, N.B., Lyons, J.S., Cook, J.A., Wasmer, D.J., Ruth, A.

Title: **A Profile of Clients Served by a Mobile Outreach Program for Homeless Mentally Ill Persons.**

Source: Hospital and Community Psychiatry 45(11): 1139-1141, 1994. (Journal Article: 3 pages)

Abstract: This article describes the services offered and the population served by a mobile assessment program in its first 24 months of operation. The mobile assessment program was established in 1990, in Chicago, and offers assessment and brief intervention in immediate crisis situations, as well as linkage with ongoing services in the hope of preventing further decompensation. Statistics on population breakdown are given, and proof of the effectiveness of outreach programs is documented (authors).

Order #: **12072**

Authors: Smith, E.M., North, C.S., Heaton, T.M.

Title: **A Substance Abuse Recovery Program for Homeless Mothers with Children: St. Louis.**

Source: Alcoholism Treatment Quarterly 10(3-4): 91-100, 1993. (Journal Article: 9 pages)

Abstract: This article discusses the existing substance abuse programs, and their men-oriented structure. The authors assert that this structuring causes serious limitations in many programs' abilities to help women. They separate mothers from their children during treatment and focus on adult recovery rather than being family oriented. The article focuses on the Grace Hill Family Center intervention program which was designed specifically for the substance abuse treatment needs of homeless mothers in St. Louis. The authors analyze the Center's three approaches, which include strengthening neighbors so they may help others, traditional 12-step recovery services, and Yablonsky's theory of the therapeutic community (authors).

Order #: **13357**

Authors: Solomon, P., Draine, J.

Title: **The State of Knowledge of the Effectiveness of Consumer Provided Services.**

Source: Psychiatric Rehabilitation Journal 25(1): 20-27, 2001. (Journal Article: 8 pages)

Abstract: This article examines the state of research on three types of consumer provided services-consumer operated services, consumer partnership services, and consumers as employees. All these service types include consumers as paid providers who deliver mental health services to others, not primarily for their own benefit. This excludes self-help programs. Research resources need to be focused less on consumer provided services as adjunctive to professional services and more on determining the effectiveness of stand-alone consumer provided services in order to develop evidence to influence policy decisions (authors).

Order #:   **8351**

Authors: Song, J.

Title: **HIV/AIDS and Homelessness: Recommendations for Clinical Practice and Public Policy.**

Source: Nashville, TN: National Health Care for the Homeless Council, 1999. (Report: 66 pages)

Abstract: This report explores HIV/AIDS and homelessness together. Each condition complicates the other and lives hang in the balance as health care providers and their patients try to sort through the complications and assure critical services. This document is intended for clinicians and other service providers, policy makers, and advocates. It contains information that should help all of these parties to better understand and address a variety of issues faced by persons living with HIV. The document explores current practices of clinicians who provide HIV care to homeless patients, including factors they should take into account when prescribing highly active antiretroviral therapy (HAART). It also identifies deterrents to HIV/AIDS prevention and optimal care for homeless individuals, and suggests directions for further discussion among clinicians and policymakers to help overcome these barriers. (author)

Available From: National Health Care for the Homeless Council, Health Care for the Homeless Clinicians' Network, P.O. Box 60427, Nashville, TN, 37206-0427, (615) 226-2292, www.nhchc.org, (COST: $10.00).

Order #:   **9213**

Authors: Sosin, M.R., Bruni, M., Reidy, M.

Title: **Paths and Impacts in the Progressive Independence Model: A Homelessness and Substance Abuse Intervention in Chicago.**

Source: Journal of Addictive Diseases 14(4): 1-20, 1995. (Journal Article: 20 pages)

Abstract: In an attempt to reduce homelessness and substance abuse, Chicago graduates of short-term inpatient substance abuse programs who lacked domiciles were placed into one of three conditions: 1) a case management only intervention (n=96); 2) a case management with supported housing intervention (n=136); or 3) a control condition (n=187) that allowed access to normal aftercare in the community. The two treatment interventions used a "progressive independence" approach, which focuses on simultaneously ameliorating tangible needs and clinical problems. Multivariate analyses suggest that subjects in both treatment interventions experienced lower levels of substance abuse and higher levels of residential stability than subjects in the control condition, as measured over the course of a year. Further analysis suggests that retention was improved by the focus on immediate tangible resources, substance abuse was reduced by both the support of outpatient substance abuse treatment and the promulgation of changes in coping styles, and residential stability was increased by both the focus on access to income maintenance benefits and help with location of housing.

Order #: **12785**

Authors: Sosin, M.R., Grossman, S.F.

Title: **The Individual and Beyond: A Socio-Rational Choice Model of Service Participation Among Homeless Adults with Substance Abuse Problems.**

Source: Substance Use and Misuse 38(3-6): 503-549, 2003. (Journal Article: 46 pages)

Abstract: While substance user service programs can help homeless adults solve their substance use and housing problems, relatively few needy individuals use and complete these programs. The lack of participation is poorly explained by typical empirical studies, most of which consider the role in service participation of various personal traits and client problems. The current article instead seeks to explain service participation through the application of an alternative, socio-rational choice model. This model has three premises: Clients weigh the costs and benefits of participating in services against alternative uses of their time and resources. The clients' weighing procedures reflect their personal situations and perceptions of the treatment environment. The perceptions of their personal situations and perceptions of the treatment environment are affected by the manner in which clients react to representatives of service systems, members of their social network including both housed and homeless persons, and other individuals. Secondary evidence supports many of the model's hypotheses and generally suggests that homeless clients may be heavily affected by their experiences with individuals and systems with which they come into contact (authors).

Order #: **5508**

Authors: Stahler, G.J., Stimmel, B. (eds.).

Title: **The Effectiveness of Social Interventions for Homeless Substance Abusers.**

Source: Binghamton, NY: The Haworth Press, Inc., 1996. (Book: 196 pages)

Abstract: This book is devoted exclusively to reporting the results of research funded by the National Institute on Drug Abuse (NIDA), concerning substance abuse treatment outcomes for homeless persons. Contributing authors assess the effectiveness of various extended interventions for homeless persons with alcohol and/or other drug problems. Chapters describe best practices in serving homeless persons with substance abuse problems by addressing three areas in the field of substance abuse outcome research: (1) evaluations of treatment outcome effectiveness; (2) dosage effects of services; (3) client characteristic predictors of successful treatment. In addition, this book illustrates methods for developing treatment programs that focus not only on the addiction, but also on the tangible needs of homeless persons, including housing, income support, and employment (authors).

Available From: The Haworth Medical Press, 10 Alice Street, Binghamton, NY 13904-1580, (800) 429-6784, www.hayworthpress.com/store (COST: $27.95).

Order #: **6741**

Authors: Stein, J.A., Gelberg, L.

Title: **Comparability and Representativeness of Clinical Homeless, Community Homeless, and Domiciled Clinic Samples: Physical and Mental Health, Substance Use, and Health Services Utilization.**

Source: Health Psychology 16(2): 155-162, 1997. (Journal Article: 8 pages)

Abstract: The authors explain that evaluating the representativeness of homeless samples is important for generalizing research findings on homeless people and designing interventions targeting their health needs. This article contrasts homeless and domiciled free-clinic users (216 homeless-- 132 men, 84 women; 212 domiciled-- 102 men, 110 women) and 531 community homeless persons (388 men, 143 women) on latent variables representing substance abuse, mental and physical health, appearance, life satisfaction, and health services utilization (HSU). Homeless clinic patients equaled the community sample in substance abuse and psychological problems but exceeded the sample in HSU and cleanliness. Homeless clinic users reported more substance abuse, poorer health, greater mental illness and mental HSU, less cleanliness, and lower life satisfaction than domiciled patients. Relationships among the variables are reported, and implications concerning health needs among the homeless are discussed (authors).

Order #: **13008**

Authors: Stevens, D.E.

Title: **Evaluation of a Comprehensive Intervention Strategy in Public Housing.**

Source: Rockville, MD: National Institute of Justice, National Criminal Justice Reference Service, 2001. (Report: 140 pages)

Abstract: This report describes the methodology and presents the findings from an evaluation of an intervention strategy designed to reduce substance use/abuse and its related sequelae in a sample of at-risk families living in a public housing project in New Haven, CT. The key components of the intervention were an innovative on-site comprehensive services model that included both clinical (substance abuse treatment and family support services) and non-clinical components (e.g., extensive outreach and community organizing as well as job training and placement and GED certification), as well as high profile police involvement. Goals of the intervention were to significantly increase the proportion of residents participating in and completing intervention services, as well as a reduction in substance-related activities and crime post-intervention (author).

Available From: National Institute of Justice, National Criminal Justice Reference Service, Box 6000, Department F, Rockville, MD 20849, www.ncjrs.org/pdffiles1/nij/grants/193424.pdf.

Order #: **12881**

Authors: Stromwell, L., Hurdle, D.

Title: **Psychiatric Rehabilitation: An Empowerment-Based Approach to Mental Health Services.**

Source: Health and Social Work 28(3): 206-213, 2003. (Journal Article: 8 pages)

Abstract: Psychiatric rehabilitation is a framework for providing services to people with mental illness that encourages adaptive community functioning in all life domains. Despite its well-established inclusion in community mental health treatment programs, psychiatric rehabilitation has received little attention in the discipline-specific social work literature. The philosophical base of psychiatric rehabilitation is built around the principles of empowerment, competence, and recovery. Its goal of promoting adaptive community functioning is consistent with social work values and contemporary social work practice models. This article provides an overview of the history, philosophy, and services components of psychiatric rehabilitation and analyzes its compatibility with social work. Further integration of psychiatric rehabilitation and social work services is suggested (authors).

Order #: **13025**

Authors: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Title: **Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Report: 123 pages)

Abstract: This Blueprint for Change is divided into eight chapters that comprise four sections: before you begin; plan for services; organize services; and sustain services. These sections reflect four action steps that states and communities can take to prevent or end homelessness among people with serious mental illnesses, including those with co-occurring substance use disorders. Each chapter presents current knowledge and specific strategies designed to carry out the action steps. Chapters include: Understand the Changing Context of Care and the Nation's Response; Learn About the Population; Establish Core Values; Establish a Comprehensive, Integrated System of Care; Finance a Comprehensive System of Care; Use Evidence-Based and Promising Practices; Measure Results; and Use Mainstream Resources to Serve People Who Are Homeless (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.nrchmi.samhsa.gov/pdfs/publications/Blueprint_2.pdf

Order #: **13028**

Authors: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Title: **Emerging Treatment Models for Persons Who Are Homeless with Co-Occurring Mental Illnesses and Substance Use Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Issue Brief (DRAFT): 8 pages)

Abstract: This issue brief is one in a series reviewing the promising practices that have emerged from recent research and SAMHSA sponsored evaluations. Service providers and policymakers in mental health and substance use treatment are becoming more aware of the need for an integrated treatment approach for persons with co-occurring disorders. Many of the individuals in need of mental health services have additional substance use issues. Substance use issues are common among persons who are homeless and have mental illnesses. Effective services for this population must address consumers' multiple service needs while engaging them on their own terms. Research over the past two decades has shown the benefits of an integrated approach to mental health and substance use treatments (authors).

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **13027**

Authors: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Title: **Mental Health Services for Persons Who Are Homeless and Have Mental Illnesses.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Issue Brief (DRAFT): 8 pages)

Abstract: This issue brief is one in a series reviewing the promising practices that have emerged from recent research and SAMHSA sponsored evaluations. Providing services for persons who are homeless and have mental illnesses can be a challenge for community-based mental health programs. However, many studies have shown that with the right approach, these individuals can be engaged in and benefit from treatment. Key to the success of these efforts is specialization of services to meet the multiple needs of individuals. The subjects in this brief are the principles of effective engagement and treatment practices based on their application in community mental health settings (authors).

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **13030**

Authors: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Title: **Overcoming Common Barriers to Service Access Within the Service System.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2003. (Issue Brief (DRAFT): 2 pages)

Abstract: This issue brief is one in a series reviewing the promising practices that have emerged from recent research and SAMHSA sponsored evaluations. Research has uncovered ways in which the mental health treatment system itself inadvertently creates barriers to engaging individuals who are homeless. Some of the areas that need to be addressed include: attitudes, expectations, and behaviors of service providers; design of service programs and settings; and operation and configuration of the overall system of care. Some ways in which these barriers can be addressed, such as training sessions, program designs and models, and a community wide approach, should be considered (authors).

Available From: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: **13048**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Assertive Community Treatment.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. The goal of Assertive Community Treatment is to help people stay out of the hospital and to develop skills for living in the community, so that their mental illness is not the driving force in their lives. Assertive community treatment offers services that are customized to the individual needs of the consumer, delivered by a team of practitioners, and available 24 hours a day. The program addresses needs related to symptom management, housing, finances, employment, medical care, substance abuse, family life, and activities of daily life (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.org.

Order #: **13051**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Co-occurring Disorders: Integrated Dual Diagnosis Treatment.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. Integrated Dual Diagnosis Treatment is for people who have co-occurring disorders; mental illness and a substance use addiction. This treatment approach helps people recover by offering both mental health and substance abuse services at the same time and in one setting. This approach includes individualized treatment, based on a person's current stage of recovery, education about the illness, case management, help with housing, money management, relationships and social support, and counseling designed especially for people with co-occurring disorders (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: **13049**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Family Psychoeducation.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. Family Psychoeducation involves a partnership among consumers, families and supporters, and practitioners. Through relationship building, education, collaboration, problem solving, and an atmosphere of hope and cooperation, family psychoeducation helps consumers and their families and supporters to learn about mental illness, master new ways of managing their mental illness, reduce tension and stress within the family, provide social support and encouragement to each other, focus on the future, and find ways for families and supporters to help consumers in their recovery (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: **13046**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Illness Management and Recovery.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. The Illness Management and Recovery program strongly emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives. The information and skills taught in the program include recovery strategies, practical facts about mental illness, the Stress-Vulnerability Model and strategies for treatment, building social support, using medication effectively, reducing relapses and coping with stress, coping with problems and symptoms, and getting needs met in the mental health system (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: **13047**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Medication Management Approaches in Psychiatry.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. The Medication Management Approaches in Psychiatry program focuses on using medication in a systematic and effective way, as part of the overall treatment for severe mental illness. The ultimate goal is to ensure that medications are prescribed in a way that supports a person's recovery efforts. The program includes guidelines and steps for medication decision making, based on current evidence and outcomes, systematic monitoring and record keeping of medications, consumer and family member involvement (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: **12357**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Overview of Addiction Treatment Effectiveness.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 1997. (Report: 117 pages)

Abstract: This report describes specific treatment approaches, treatment settings, and treatment components and services and provides an analysis of the effectiveness of each. This report also includes abstracts of representative research studies used to support treatment effectiveness. The authors prepared the report by conducting comprehensive literature searches, reviewing meta-analyses, examining literature reviews, and reviewing several hundred research articles (authors).

Available From: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847, (800) 729-6686, http://store.health.org/catalog/ProductDetails.aspx?ProductID=13223.

Order #: **11820**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **SAMHSA Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2002. (Report: 218 pages)

Abstract: This is a report to congress on the prevention and treatment of co-occurring substance abuse disorders and mental disorders. It includes: a summary of the manner in which individuals with co-occurring disorders are receiving treatment, including the most up-to-date information available on the number of children and adults with co-occurring disorders, and the manner in which Federal Block Grant funds are used to serve these individuals; a summary of practices for preventing substance abuse disorders among individuals who have mental illness and are at risk of having or acquiring a substance abuse disorder; a summary of evidence-based practices for treating individuals with co-occurring disorders and recommendations for implementing such practices; and a summary of improvements necessary to ensure that individuals with co-occurring disorders receive the services they need.

Available From: Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, www.samhsa.gov/news/congress2002.html.

Order #: **12260**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Science-Based Prevention Programs and Principles 2002: Effective Substance Abuse and Mental Health Programs for Every Community.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 2002. (Report: 249 pages)

Abstract: This report provides the latest information about model programs and important syntheses of research and evaluation findings across multiple prevention programs. It describes a comprehensive system that the Substance Abuse and Mental Health Services Administration is using to ensure optimal use of these programs in communities across America. The authors suggest that officials at all levels of government, prevention researchers, practitioners, parents, educators, community youth workers and faith leaders, will find this report useful in bringing the most effective prevention practice to those with whom they work and care most about (authors).

Available From: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847, (800) 729-6686, http://store.health.org/catalog/productDetails.aspx?ProductID=16512.

Order #: **12129**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Strategies for Developing Treatment Programs for People with Co-Occurring Substance Abuse and Mental Disorders.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 2003. (Report: 57 pages)

Abstract: This report is a part of the SAMHSA initiative to address the issues surrounding the delivery effective treatment to people with co-occurring substance abuse and mental disorders. The authors highlight challenges to service delivery, delineate strategies to overcome these challenges, identify methodologies to help public purchasers build integrated care systems, and describe core competencies and training from which treatment professionals and the people they serve can benefit.

Available From: Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, www.nccbh.org/cooccurringreport.pdf.

Order #: **13050**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Supported Employment.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. Supported Employment is a well-defined approach to helping people with mental illnesses find and keep competitive employment within their communities. Supported employment programs are staffed by employment specialists who have frequent meetings with treatment providers to integrate supported employment with mental health services. The core principles of this program include eligibility based on consumer choices and preferences, supported employment as an integrated treatment, continuous follow-along supports, and help with moving beyond the patient role and developing new employment-related roles as part of the recovery process (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.org.

Order #: **12607**

Authors: Substance Abuse and Mental Health Services Administration.

Title: **The National Household Survey on Drug Abuse Report: Treatment Among Adults with Serious Mental Illness.**

Source: Rockville, MD: Substance Abuse and Mental Illness Services Administration, 2003. (Report: 3 pages)

Abstract: In this report, the authors discuss the prevalence of serious mental illness, the demographic differences in the receipt of treatment, and the unmet treatment need among this population. According to the article, fewer than half of adults with serious mental illness (SMI) received treatment or counseling for a mental health problem during the past year, and among adults with SMI, whites were more likely than blacks or Hispanics to have received treatment or counseling during the past year. The author also states that among adults with SMI, college graduates were more likely to have received treatment than those with lower levels of education (authors).

Available From: Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-1038, www.samhsa.gov.

Order #: **8692**

Authors: Sullivan, G., Burman, A., Koegel, P., Hollenberg, J.

Title: **Quality of Life of Homeless Persons with Mental Illness: Results from the Course-of-Homelessness Study.**

Source: Psychiatric Services 51(9): 1135-1141, 2000. (Journal Article: 7 pages)

Abstract: This article compares the quality of life of homeless persons with mental illness with that of homeless persons without mental illness. Subjective and objective quality-of-life ratings were obtained in face-to-face interviews with 1,533 homeless adults in Los Angeles, who were identified using probability sampling of people on the streets and at shelters and meal facilities; 520 subjects were tracked for 15 months. Mentally ill homeless persons were significantly more likely than those without mental illness to receive Supplemental Security Income, Social Security Disability Insurance, Veterans Affairs disability benefits, or Medicaid. However, those with mental illness still fared significantly worse in terms of physical health, level of subsistence needs met, victimization, and subjective quality of life. Interventions most likely to improve the quality of life of homeless persons with mental illness include those that stress maintenance of stable housing and provision of food and clothing and that address physical health problems and train individuals to minimize their risk of victimization (authors).

Order #: **718**

Authors: Susser, E., Goldfinger, S., White, A.

Title: **Some Clinical Approaches to the Homeless Mentally Ill.**

Source: Community Mental Health Journal 26(5): 463-480, 1990. (Journal Article: 18 pages)

Abstract: Treating homeless mentally ill individuals may require significant modifications of traditional clinical techniques. The authors discuss a number of therapeutic paradigms and clinical strategies that they have found to be effective in working with severely and persistently mentally ill persons who are chronically homeless. They emphasize those areas that differentiate work with this population from general clinical practice with the chronically mentally ill in clinics, hospitals and other more traditional settings. The general principles are illustrated with examples in a variety of settings.

Order #:   **6411**

Authors: Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W., Wyatt, R.J.

Title: **Preventing Recurrent Homelessness Among Mentally Ill Men: A Critical Time Intervention After Discharge from a Shelter.**

Source: American Journal of Public Health 87(2): 256-262, 1997. (Journal Article: 7 pages)

Abstract: The authors describe a study that examined a strategy to prevent homelessness among individuals with severe mental illness by providing a bridge between institutional and community care. Ninety-six men with severe mental illness who were entering community housing from a shelter were randomized to receive nine months of a "critical time" intervention plus usual services or usual services only. The primary analysis compared the mean number of homeless nights for the two groups during the 18-month follow-up period. Results show, over the 18-month follow-up period, the average number of homeless nights was 30 for the critical time intervention group and 91 for the usual services group. Survival curves showed that after the nine-month period of active intervention, the difference between the two groups did not diminish. The authors conclude that strategies that focus on a critical time of transition may contribute to the prevention of recurrent homelessness among individuals with mental illness, even after the period of active intervention (authors).

Order #:   **13085**

Authors: Technical Assistance Collaborative.

Title: **Solutions that Work: Innovative Strategies to Meeting the Housing Needs of People with Disabilities.**

Source: Opening Doors 23(1): 1-12, 2003. (Newsletter: 6 pages)

Abstract: This issue of Opening Doors describes three best practices including the basic steps to implement these strategies in any state or community. At the core of these successful strategies are strong partnerships and collaborations between the affordable housing system and the disability community. These partnerships ensure that any housing created meets both the needs and preferences of people with disabilities (authors).

Available From: Technical Assistance Collaborative, 535 Boylston Street, Suite 1301, Boston, MA 02116, (617) 266-5657, www.tacinc.org.

Order #:   **12706**

Authors: Theriot, M., Segal, S., Cowsert, M.

Title: **African Americans and Comprehensive Service Use.**

Source: Community Mental Health Journal 39(3): 225-237, 2003. (Journal Article: 13 pages)

Abstract: This study examined African Americans' use of comprehensive mental health services. Long term users of self-help agencies were interviewed about their use of thirty-seven different mental health services from various providers in a six-month period. According to the article, multiple regression analysis showed that the homeless and African Americans were the high users in the sample. A subsequent MANOVA procedure suggested that this may be the result of African Americans' increased use of SHAs. The authors assert that while African Americans are low service users in traditional studies focusing on a narrow list of services and providers, this research argues for including SHAs in future studies of African American service use (authors).

Population Characteristics
Section: Service Needs and Effectiveness

Authors: Tommasello, A.C., Myers, C.P., Gillis, L., Treherne, L.L., Plumhoff, M.

Title: **Effectiveness of Outreach to Homeless Substance Abusers.**

Source: Evaluation and Program Planning 22(3): 295-303, 1999. (Journal Article: 9 pages)

Abstract: This article describes a program of substance abuse treatment conducted by a medical care provider for homeless persons in Baltimore and compares characteristics of outreach recipients to those of walk-in clients. The article also examines differences in drug abuse pathology and selected treatment outcomes among homeless and non-homeless clients. Composite scores on the Addiction Severity Index for homeless individuals are significantly higher on every measure in the interview, compared to non-homeless individuals. Except for residential treatment settings, homeless persons demonstrate a shorter length-of-stay in substance abuse treatment than housed clients. Forty-two percent of outreach clients became service recipients. These findings indicate that outreach can be a successful method of targeting and engaging a segment of homeless substance abusers who are otherwise difficult to engage (authors).

Authors: Torrey, W.C., Drake, R.E., Dixon, L., Burns, B.J., Flynn, L., Rush, A.J., Clark, R.E., Klatzker, D.

Title: **Implementing Evidence-Based Practices for Persons with Severe Mental Illnesses.**

Source: Psychiatric Services 52(1): 45-50, 2001. (Journal Article: 6 pages)

Abstract: This article summarizes perspectives on how best to change and sustain effective practice from the research literature and from the experiences of administrators, clinicians, family advocates, and services researchers. The authors describe an implementation plan for evidence-based practices based on the use of toolkits to promote the consistent delivery of such practices. The toolkits will include integrated written material, web-based resources, training experiences, and consultation opportunities. Special materials will address the concerns of mental health authorities (funders), administrators of provider organizations, clinicians, and consumers and their families (authors).

Authors: Tsang, H.W., Ng, B.F.

Title: **A Program to Assist People with Severe Mental Illness in Formulating Realistic Life Goals.**

Source: Journal of Rehabilitation 68(4): 59-66, 2002. (Journal Article: 7 pages)

Abstract: This article is based on a study done with 25 psychiatric inpatients regarding discharge planning. The authors describe a clinical protocol designed to assist people with severe mental illness to formulate realistic life goals. The clinical protocol adopted an individualized approach and was structured in a four-stage development sequence from affirming the individual's personal worth, imaging the new ways of living and establishing a sense of control to setting goals for the future. Implications and limitations of the study were discussed (authors).

Order #:   **8452**

Authors: Tsemberis, S., Eisenberg, R.F.

Title: **Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities.**

Source: Psychiatric Services 51(4): 487-493, 2000. (Journal Article: 7 pages)

Abstract: This study examined the effectiveness of the Pathways to Housing supported housing program over a five-year period. Unlike most housing programs that offer services in a linear, step-by-step continuum, the Pathways program in New York City provides immediate access to independent scatter-site apartments for individuals with psychiatric disabilities who are homeless and living on the street. The authors concluded that the Pathways supported housing program provides a model for effectively housing individuals who are homeless and living on the streets. The program's housing retention rate over a five-year period challenges many widely held clinical assumption about the relationship between the symptoms and the functional ability of an individual. Clients with severe psychiatric disabilities and addictions are capable of obtaining and maintaining independent housing when provided with the opportunity and necessary supports (authors).

Order #:   **8284**

Authors: Tsemberis, S., Elfenbein, C.

Title: **A Perspective on Voluntary and Involuntary Outreach Services for the Homeless Mentally Ill.**

Source: New Directions for Mental Health Service 82: 9-19, 1999. (Journal Article: 11 pages)

Abstract: Outreach teams use a range of strategies to engage people who are homeless and mentally ill and living on the streets. This article describes and evaluates the effectiveness of various voluntary and involuntary approaches and presents a model program for serving this population.

Order #:   **13055**

Authors: Tsemberis, S., Moran, L., Shinn, M., Asmussen, S., Shern, D.

Title: **Consumer Preference Programs for Individuals who are Homeless and Have Psychiatric Disabilities: A Drop-In Center and a Supported Housing Program.**

Source: American Journal of Community Psychology 32(3/4): 305-317, 2003. (Journal Article: 8 pages)

Abstract: In this article, the authors illustrate Fairweather's approach to Experimental Social Innovation and Dissemination with two experimental studies of programs to reduce homelessness for 168 and 225 people with mental illness and often substance abuse. Literally homeless participants were randomly assigned to programs that emphasized consumer choice or to the usual continuum of care, in which housing and services are contingent on sobriety and progress in treatment. A drop-in center that eliminated barriers to access to services was more successful than control programs in reducing homelessness, but after 24 months only 38% of participants had moved to community housing. A subsequent apartment program, in which individuals in the experimental condition moved to subsidized apartments directly from the street, with services under their control, had 79% in stable housing (compared to 27% in the control group) at the end of 6 months. According to the authors groups in this study did not differ on substance abuse or psychosocial outcomes (authors).

Order #: **13053**

Authors: Tsemberis, S., Rogers, E., Rodis, E., Dushuttle, P., Skryha, V.

Title: **Housing Satisfaction for Persons with Psychiatric Disabilities.**

Source: Journal of Community Psychology 31(6): 581-590, 2003. (Journal Article: 10 pages)

Abstract: This article discusses the provision of residential services to people with mental illness, and the increasing importance of these services since deinstitutionalization and increased community- based services. This large-scale multisite study of housing programs specifically for persons with mental illness examines one of the factors that lead to successful residential tenure for persons with serious mental illness. The authors state that, to date, the Lehman Quality of Life Scale has been used primarily to assess satisfaction with housing in studies of residential services. This article reports on a new measure of housing satisfaction. This new 25-item instrument was developed, field tested in a variety of housing settings across the country, and analyzed for reliability and validity by a group of housing researchers and clinicians. The implications of using this instrument for future evaluation and research on housing for persons with mental illness are examined (authors).

Order #: **12079**

Authors: Tyrer, P., Simmonds, S.

Title: **Treatment Models for Those with Severe Mental Illness and Comorbid Personality Disorder.**

Source: British Journal of Psychiatry 182(44): 15-18, 2003. (Journal Article: 4 pages)

Abstract: This article compares the outcomes of different treatment models for those dually diagnosed with personality disorder and severe mental illness. The outcome of patients with this combined diagnosis was compared in a systematic review of three randomized controlled trials in which different forms of community outreach treatment or intensive case treatment were compared with standard care. According to the authors, the results from the three studies showed that the outcome of comorbid diagnoses was worse than that of single diagnoses. Although assertive approaches reduced in-patient care, they sometimes did so at the expense of increasing social dysfunction and behavioral disturbance. The article states that for those with comorbid severe mental illness and personality disorder, the policy of assertive outreach and care in community settings may be inappropriate for both public and patients unless modified to take account of the special needs of this group (authors).

Order #: **10406**

Authors: United States Census Bureau.

Title: **Emergency and Transitional Shelter Population: 2000.**

Source: Washington, DC: U.S. Census Bureau, 2001. (Report: 24 pages)

Abstract: In this report, the population in emergency and transitional shelters were counted on March 27, 2000, and include the following facilities: emergency shelters (with sleeping facilities); shelters for children who are runaways, neglected or without conventional housing; transitional shelters for people without conventional housing; and hotels and motels used to provide shelter for people without conventional housing. Shelters for abused women (or shelters against domestic violence) are not included. Data are shown in the report for the emergency and transitional shelter population, but not separately by type of facility. The Census Bureau stressed that the shelter figures do not constitute and should not be construed as a tabulation of the total population without conventional housing or "people experiencing homelessness." Not all people without conventional housing on March 27, 2000, resided at shelters. Some may have "doubled up" at housing units owned or rented by friends or relatives or found other nonshelter locations that night. Since the shelters were visited only one night, only the people residing at shelters open that night would have been enumerated (authors).

Available From: U.S. Census Bureau, Public Information Office, 4700 Silver Hill Road, Washington, DC 20233, (301) 763-3030, www.census.gov/prod/2001pubs/censr01-2.pdf.

Order #: **12170**

Authors: United States Department of Health and Human Services.

Title: **Ending Chronic Homelessness: Strategies for Action.**

Source: Washington, DC: U.S. Department of Health and Human Services, 2003. (Report: 29 pages)

Abstract: This initiative was developed specifically to address the growing need for an integrated network of support systems for people experiencing chronic homelessness: those that have a disabling condition and who experience frequent or extended periods in the homeless assistance system. The plans' goals are to improve access to health and human services, build state and local capacities to respond to homelessness, and prevent new homeless episodes. Highlights include: encouraging applicants to HHS programs to identify how services to people who are homeless will be addressed and coordinated; awarding incentives for funding under the President's expansion of health centers that include a focus on serving people experiencing chronic homelessness; documenting effective service and use of resources that address homeless services, and increasing training and technical assistance; evaluating programs to identify practices that will prevent homelessness among people returning to the community; and establishing an internal homeless workgroup to be led by the HHS Deputy Secretary.

Available From: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, (202) 690-6343, http://aspe.hhs.gov/hsp/homelessness/strategies03.

Order #: **12424**

Authors: United States Department of Housing and Urban Development.

Title: **Case Management Services.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2003. (Curriculum: 42 pages)

Abstract: This curriculum is part of the Supportive Housing Training Series, put out by the U.S. Department of Housing and Urban Development. This training is an introduction to the clinical skills needed to help tenants with special needs sustain themselves in supportive housing, including building trust, setting goals, motivating tenants, using referral services and documentation. At the end of this training, participants will be able to identify their role in the helping relationship and increase their skills in providing optimal case management services for tenants of supportive housing (authors).

Available From: U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, (202) 708-1112, www.hud.gov/offices/cpd/homeless/library/shp/training/CaseManagementC.pdf.

Order #: **12429**

Authors: United States Department of Housing and Urban Development.

Title: **Employment Services in Supportive Housing.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2003. (Curriculum: 41 pages)

Abstract: This curriculum is part of the Supportive Housing Training Series, put out by the U.S. Department of Housing and Urban Development. The goal of this training is to explore the topic of employment and employment-training programs for tenants living in supportive housing. This training presents career development services as an integral part of the services offered to tenants. Trainees will explore major considerations in setting up a vocational program, understand a variety of approaches for services and be able to create a culture that promotes work (authors).

Available From: U.S. Department of Housing and Urban Development, 451 Seventh Street S.W., Washington, DC 20410, (202) 708-1112, www.hud.gov/offices/cpd/homeless/library/shp/training/EmploymentServicesC.pdf.

Order #: **11544**

Authors: United States Department of Housing and Urban Development.

Title: **Evaluation of Continuums of Care for Homeless People.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2002. (Report: 216 pages)

Abstract: This report is a significant addition to current knowledge about homelessness. It provides important insights into local responses to the problem and identifies issues that must be resolved as the nation grapples with the difficult and serious problem of homelessness. The completed study provides a rich array of information on the activities of high-performing Continuums of Care and documents the extent of progress of the studied communities along many dimensions of a comprehensive approach to homelessness prevention and remediation. On balance, the report concludes that for the high-performing communities studied, HUD's implementation of the Continuum of Care funding process stimulated increased communication within local communities in their response to homelessness. As a result, respondents generally agreed that more people have received more services and participate in more and better coordinated programs than before as a consequence of the Continuum of Care approach. In the most advanced communities, the response has moved beyond planning to obtain HUD funding to the far broader goal of attempting to integrate all available funding and services to try to end homelessness (authors).

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org/publications/pdf/continuums_of_care.pdf

Order #: **12423**

Authors: United States Department of Housing and Urban Development.

Title: **Services for People with Special Needs.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2003. (Curriculum: 44 pages)

Abstract: This curriculum is part of the Supportive Housing Training Series, put out by the U.S. Department of Housing and Urban Development. This training helps participants to understand the spectrum of special needs, such as substance abuse, mental illness or other chronic health conditions, and develop a positive, professional relationship with residents with special needs. At the end of the training, participants will be able to identify the signs and symptoms of a host of special needs and respond in a supportive and professional manner (authors).

Available From: U.S. Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410, (202) 708-1112, www.hud.gov/offices/cpd/homeless/library/shp/training/SpecialNeedsC.pdf.

Order #: **13223**

Authors: United States Department of Housing and Urban Development.

Title: **Strategies for Reducing Chronic Street Homelessness.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2004. (Report: 348 pages)

Abstract: This report identifies successful community-wide approaches to reducing homelessness and achieving stable housing for the difficult-to-serve people who routinely live on the streets. The authors discuss shifting the goals and approaches of the homeless assistance network toward a new paradigm, which includes establishing a clear goal of reducing chronic street homelessness; committing to a community-wide level of collaboration; having leadership and an effective organizational structure; and committing significant resources from mainstream housing and social service programs that go well beyond homeless-specific funding sources. The report focuses on homeless assistance programs in Birmingham; Boston; Columbus; Los Angeles; Philadelphia; San Diego; and, Seattle. In each city, HUD found local leaders and homeless assistance providers who are fundamentally changing their traditional approaches toward serving those living on their streets. The authors conclude that these seven cities are working toward ending long-term or chronic homelessness and providing the rest of the nation with new approaches to better house and serve their most vulnerable citizens (authors).

Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org/Publications/PDF/ChronicStHomeless.pdf.

Order #: **8870**

Authors: United States Department of Labor.

Title: **Employment and Training for America's Homeless: Best Practices Guide.**

Source: Washington, DC: U.S. Department of Labor, 1997. (Guide: 58 pages)

Abstract: This is a guide for employment and training agencies based on findings of the Job Training for the Homeless Demonstration Program. Much of the material presented is of interest to a wide variety of public and private organizations providing services to families and people who are homeless. The major objectives of this guide are to enhance agencies' knowledge about people who are homeless; to provide guidance on the types of people who are homeless and most (and least) likely to benefit from employment and training services; to identify the full range of services likely to be needed by people who are homeless to be successful in completing training and securing and retaining employment, and how these services can be provided directly by employment and training agencies or arranged through linkages with public or private service providers; to identify the specific planning and implementation steps needed by employment and training agencies to establish as effective service delivery system for recruiting and serving people who are homeless; and to provide examples of successful strategies used by employment and training agencies, and homeless-serving agencies, in assisting people who are homeless to reenter the workforce.

Available From: U.S. Department of Labor, Frances Perkins Building, 200 Constitution Avenue, NW, Washington, DC 20210, (877) US-2JOBS, www.doleta.gov/wtw.

Order #: 11331

Authors: Washington, T.A.

Title: **The Homeless Need More Than Just a Pillow, They Need a Pillar: An Evaluation of a Transitional Housing Program.**

Source: Families in Society 83(2): 183-188, 2002. (Journal Article: 5 pages)

Abstract: Current programs serving the homeless population use the systems approach, focusing on the person in the situation. These programs, which are known as transitional housing programs, seek to empower individuals through comprehensive services, such as education, job development, leadership skills, resources, and referrals. This study evaluated the comprehensive services offered at a transitional housing program through the eyes of former residents. Qualitative interviews were conducted with ten successful participants of the program. Analysis of the interview data suggested that the formal and informal services offered empowered the participants by offering life skills classes, resources and referrals, and counseling. Implications for social work practice are discussed (author).

Order #: 12436

Authors: Weinburg, D., Koegel, P.

Title: **Impediments to Recovery in Treatment Programs for Dually Diagnosed Homeless Adults: An Ethnographic Analysis.**

Source: Contemporary Drug Problems 22(2): 193-236, 1995. (Journal Article: 44 pages)

Abstract: This article draws on ethnographic data collected by the authors, to describe factors that hindered the ability of dually diagnosed homeless individuals to negotiate and complete treatment in each of the study's treatment settings. The authors describe the data collected, and its analysis, then discuss the two programs in which their study population was involved. The article also discusses three practical tensions that chronically interfered with many clients' ability to participate in these treatment programs: the anitthetical demands placed on people by social life in the programs and social life as a homeless person on the streets; the challenge of participating in treatment while struggling to meet immediate subsistence needs; and the difficulties that arose for homeless dually diagnosed individuals as they came to recognize that many of their problems could not be resolved through participation in treatment. The authors conclude by highlighting the implications of their observations for those concerned with providing services to dually diagnosed homeless individuals (authors).

Order #: 12611

Authors: Wells, K., Klap, R., Koike, A., Sherbourne,C.

Title: **Ethnic Disparities in Unmet Need for Alcoholism, Drug Abuse, and Mental Health Care.**

Source: American Journal of Psychiatry 158(12): 2027-2032, 2001. (Journal Article: 6 pages)

Abstract: This study examined differences by ethnic status in unmet need for alcoholism, drug abuse, and mental health treatment. Recent policy has focused on documenting and reducing ethnic disparities in availability and quality of health care. Data were from a follow-up survey of adult respondents to a 1996-1997 national survey. Non-Hispanic whites, African Americans, and Hispanics were compared in access to alcoholism and drug abuse treatment and mental health care (primary or specialty), unmet need for care, satisfaction with care, and use of active treatment for alcoholism, drug abuse, and mental health problems in the prior 12 months. The authors document greater unmet need for alcoholism and drug abuse treatment and mental health care among African American and Hispanics relative to whites. New policies are needed to improve access to and quality of alcoholism, drug abuse, and mental health treatment across diverse populations (authors).

Order #: **13007**

Authors: White, A.

Title: **Understanding the Impact of Homelessness.**

Source: New York, NY: Center for Urban Community Services, 2003. (Presentation: 7 pages)

Abstract: The profound and far reaching impact of the homeless experience can not be underestimated if supportive housing providers are to fully appreciate the service needs of the people they house. These handouts outline some common reactions to being without a home and implications for service providers. Also included are areas of assessment for housing, housing preference questions for residents, housing skills and supports checklist, characteristics of the housing negotiation process, tasks related to accessing housing, and adjustments in the move to permanent housing (author).

Available From: Center for Urban Community Services, 120 Wall Street, 25th Floor, New York, NY 10005, (212) 801-3300, www.cucs.org

Order #: **10883**

Authors: White, A., Wagner, S.

Title: **Effective Strategies: Employment for Homeless People with Serious Mental Illness.**

Source: New York, NY: Center for Urban Community Services, 1999. (Presentation: 14 pages)

Abstract: In this paper, the authors surveyed service providers who offer employment programs to homeless people with mental illness. Providers were asked to describe effective strategies to help program participants access and maintain employment. The providers interviewed offer a range of employment services along the vocational/employment program continuum; all serve people with serious mental illness and a number also serve other populations. This paper reviews the findings of these interviews and summarizes key supports and successful approaches to overcoming obstacles to work. A list of the interview questions for providers is included in Appendix I (authors).

Order #: **10971**

Authors: Whiting, B.J.

Title: **Employing the Formerly Homeless: Adding Employment to the Mix of Housing and Services.**

Source: New York, NY: Corporation for Supportive Housing, 1994. (Report: 73 pages)

Abstract: This study was conducted for and in collaboration with the Corporation for Supportive Housing (CSH) - a national intermediary that assists nonprofits and government to increase the supply of permanent, affordable service-enriched housing. The purpose of this study, supported by a grant from The Rockefeller Foundation, was to investigate the advisability of implementing employment programs for CSH's target population. This population includes single individuals living in supportive housing because they were homeless or at risk of becoming homeless due to poverty-level incomes and often suffering from disabilities such as mental illness, substance addictions, or AIDS. This report is not intended to be a full, comprehensive, cover-the-field study, but was limited to CSH's institutional purpose and by the time and resources they had. Nonetheless, it is hoped that the paper has a broader utility and thus is being offered to a wider audience including policy makers and practitioners and the industry of nonprofits who provide housing, services, and employment to alleviate the problems of homelessness (authors).

Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, www.csh.org/index.cfm?fuseaction=Page.viewPage&pageID=625 (COST: $5.00).

Order #: **11625**

Authors: Williams, V.F., Banks, S.M., Robbins, P.C., Oakley, D., Dean, J.

Title: **Final Report on the Cross-Site Evaluation of the Collaborative Program to Prevent Homelessness.**

Source: Delmar, NY: Policy Research Associates, 2001. (Report: 202 pages)

Abstract: This report focuses on cross-site evaluation in terms of the cross-site data collection and analysis efforts of the Collaborative Program to Prevent Homelessness (CPPH), an initiative designed to document and evaluate effective homelessness prevention strategies for adults who are formerly homeless or at risk for becoming homeless. The purpose of this report is to describe both the process used for developing the shared methods and measures that comprise the cross-site portion of the program and to summarize the key findings. It is organized into four chapters. Chapter I Provides an overview of the interventions that made up the CPPH, the evolving CMHS/CSAT approach to cross-site evaluations and the organizational structure of the cross-site initiative. Chapter II describes the cross-site methods including the evaluation design, similarities, and differences among the interventions, key outcome domains, instrument development, data collection, and management procedures, as well as the development and application of the cross-site analytic framework. Chapter III describes the key findings and Chapter IV discusses their significance and limitations, as well as recommendations and lessons learned (authors).

Available From: Policy Research Associates, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.prainc.com.

Order #: **1582**

Authors: Witheridge, T.F.

Title: **The Active Ingredients of Assertive Outreach.**

Source: In Cohen, N. (ed.), Psychiatric Outreach to the Mentally Ill. New Directions for Mental Health Services, 52: 47-64. San Francisco, CA: Jossey-Bass, Inc., 1991. (Book Chapter: 18 pages)

Abstract: This chapter discusses 12 principles that have guided the development of a large, inner-city, long-term assertive outreach program that serves clients who are at high risk for hospitalization and homelessness. These principles include: (1) targeting service delivery to those persons who need the most attention; (2) preventing hospitalization and homelessness; (3) maintaining a high enough staff-to-member ratio to permit the direct provision of most services; (4) concentrating on improving the quality of people's everyday lives; (5) taking ultimate professional responsibility for the well-being of its members; (6) providing assertive advocacy on the members' behalf; (7) preventing the emergence of crises and managing unavoidable crises outside of the hospital; (8) most of the program's face-to-face interventions occur in the homes or neighborhoods of the members, not in the offices or facilities of the staff; (9) making heavy use of staff teamwork, de-emphasizing the use of individual caseloads, (10) involving its members in all aspects of the community support process; (11) involving families in all aspects of the community support process; and (12) offering its services on a time-unlimited basis.

Available From: Jossey-Bass Inc., 10475 Crosspoint Blvd., Indianapolis, IN 46256, (877) 762-2974, www.josseybass.com.

Order #: **11115**

Authors: Wolf, J., Burnam, A., Koegel, P., Sullivan, G., Morton, S.

Title: **Changes in Subjective Quality of Life Among Homeless Adults Who Obtain Housing: A Prospective Examination.**

Source: Social Psychiatry and Psychiatric Epidemiology 36(8): 391-398, 2001. (Journal Article: 8 pages)

Abstract: The aim of this study was to examine whether overall subjective quality of life and specific domains of quality of life change among homeless adults after they become housed, and if so, what factors predict changes in satisfaction. This study suggested that becoming independently housed may improve some aspects of life for people who are homeless, but not others. The results suggested that people who are homeless prefer to be independently housed relative to remaining homeless or staying in a dependent housing situation, but that independent housing does not necessarily improve other aspects of their lives (authors).

Order #: **12139**

Authors: Wu, L.T., Ringwalt, C.L., Williams, C.E.

Title: **Use of Substance Abuse Treatment Services by Persons with Mental Health and Substance Use Problems.**

Source: Psychiatric Services 54(3): 363-369, 2003. (Journal Article: 7 pages)

Abstract: This article describes a study that provided population estimates of mental syndromes and substance use problems and examined whether the co-occurrence of mental health and substance use problems was associated with the use of substance abuse treatment services. Study data were drawn from the 1997 National Household Survey on Drug Abuse. The results show that the rate of help seeking among persons with alcohol use problems is low, which is a public health concern (authors).

Order #: **11502**

Authors: Zerger, S.

Title: **Substance Abuse Treatment: What Works for Homeless People? A Review of the Literature.**

Source: Nashville, TN: National Health Care for the Homeless Council, 2002. (Literature Review: 62 pages)

Abstract: This new review of published literature on substance abuse treatment for homeless individuals summarizes substantive research findings on the efficacy of specific treatment modalities, addresses issues of engaging and retaining homeless individuals in treatment programs, and describes some assumptions and issues underlying this body of published research. This paper was prepared in collaboration with a group of Health Care for the Homeless clinicians, administrators, and researchers. This project was supported through a grant from the Health Resources and Services Administration, U.S. Department of Health and Human Services, to the National Health Care for the Homeless Council, Inc. (authors).

Available From: National Health Care for the Homeless Council, HCH Clinicians' Network, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/Publications/SubstanceAbuseTreatmentLitReview.pdf.

Order #: **8704**

Authors: Ziguras, S.J., Stuart, G.W.

Title: **A Meta-Analysis of the Effectiveness of Mental Health Case Management Over 20 Years.**

Source: Psychiatric Services 51(11): 1410-1421, 2000. (Journal Article: 12 pages)

Abstract: This article investigates the effectiveness of case management and compares outcomes for assertive community treatment and clinical case management. Controlled studies of case management published between 1980 and 1998 were identified from reviews and through database searches. The results were quantitatively combined and compared with results of studies of mental health services without case management. Both types of case management were more effective than usual treatment in three outcome domains: family burden, family satisfaction with services, and cost of care. The total number of admissions and the proportion of clients hospitalized were reduced in assertive community treatment programs and increased in clinical case management programs. In both programs the number of hospital days used was reduced, but assertive community treatment was significantly more effective. Although clients in clinical case management had more admissions than those in usual treatment, the admissions were shorter, which reduced the total number of hospital days. The two types of case management were equally effective in reducing symptoms, increasing clients' contacts with services, reducing dropout rates, improving social functioning, and increasing clients' satisfaction.